This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

Medical sentinel

Digitized by Google

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

Digitized by Google

Digitized by Google

Digitized by Google

The Medical Sentinel

$1.00 PER YEAR

·MONTHLY·

·HENRY WALDO COE·M·D·
MARQUAM BL'D'G.
PORTLAND, ORE.

VOLUME XIV **JANUARY 1906** NUMBER 1

EDITORIALS

Quackery in Idaho — *Is Dr. McCormack Correct?*

ORIGINAL ARTICLES

Practical Side of Infant Feeding - - - R. J. Marsh, M. D.
The Medical Profession - - - - - - B. A. Cathey, M. D.
Brief Review of the Subject of Placenta Praevia T. O. Boyd, M. D.
Oregon Practically an Unorganized State J. N. McCormack, M. D.

BOSTON MEDI

Glycozone

Is daily making converts among physicians for its wonderful work in

INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY CANAL.

It is the rational treatment in Gastric and Intestinal Disorders, such as Dyspepsia, Gastritis, Gastric Ulcer and all Contagious and Inflammatory Diseases of the Stomach and Intestines.

Full particulars with clinical reports on cases — in my book; "The Therapeutical Applications of Hydrozone and Glycozone." Seventeenth Edition, 339 pages. Sent free to physicians on request.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

57-59 Prince Street, New York

Digitized by Google

IN THE TREATMENT OF

Cystitis — Urethritis

Pyelitis — Prostatitis

Uriform

Arrests infection—sterilizes the urine—and exerts an anticatarrhal effect upon the inflamed mucous membrane of the urinary tract.

Schieffelin & Co., New York

FOR THE SKIN AND MUCOUS MEMBRANES
Ungt. Aseptinol Comp.
Indicated in acute and chronic cutaneous diseases, as Eczema, Erythema, Herpes, Acne, Burns, Scalds, Pruritus Vulvæ, Pruritus Ani, Itching and Bleeding Hemorroids, Erysipelas, Varicose Ulcers, Infantile Scalp Diseases, etc. It is a preventive of pitting in Small-pox and is effectual in Rhus poisoning.
Put up in 2-oz. and 5-oz. Jars.
PRICE.. 50c. and $1.00
Aseptinol
Pulv. Aseptinol Comp.
Antiseptic, Deodorant, Astringent, Soothing, Healing. Efficacious in Leucorrhea, Pruritus Vulvæ, Vaginal Catarrh, Ulcerations of the Mucous Membrane and in Abnormal Discharges. Valuable as a gargle in Tonsillitis and other Throat Affections.
Put up in Quarter-Pound Boxes.
PRICE . . 50 cents
PHYSICIANS ARE REQUESTED TO WRITE FOR SAMPLES WHICH WILL BE SENT PREPAID
ASEPTINOL MANUFACTURING COMPANY.
BALTIMORE, MARYLAND.

Physician can afford to be indifferent regarding the accurate filling of his prescription

BOSTON MEDICAL
MAY 18 1907
LIBRARY

MEDICAL SENTINEL

JANUARY
1906

Volume XIV Number 1

Notes

The profession in Seattle is putting forth strong efforts to improve the milk supply of their city.

One of our largest advertisers writes: "We believe that the Medical Sentinel is read more than nine-tenths of the average medical journals."

The King County Medical Society gave their annual banquet on the 8th of January, 1906, at the Hotel Washington, and it was a very pleasant affair.

The new building for the medical department of Willamette University, at Salem, is nearly completed, and it is expected that it will be ready for occupancy by February 1st.

During last month, the pressure upon the Health Department of the City of Portland was somewhat relieved by the appointment of Dr. W. V. Spencer as Deputy City Physician.

The Secretary of the Montana State Board of Health claims that Butte is one of the most healthy cities in the state, and during November there was less contagion there than anywhere else in Montana.

The many friends of Dr. G. W. Farmer will regret to see that political or other exigencies have caused his removal from the post of Assistant Superintendent of the State Insane Hospital at Stellacoom.

The city bacteriologist of Tacoma insists that the people of that city should boil their drinking water, "because of the presence of a large amount of organic matter, probably of both animal and vegetable origin."

Digitized by Google

The Clatsop County Medical Association met on December 7th and elected officers as follows: President, Dr. J. A. Fulton; Vice-President, Dr. H. L. Henderson; Secretary, Dr. A. A. Finch; Treasurer, Dr. J. Hagelstam.

The discussion, reported in another part of this issue of the Medical Sentinel, by members of the Portland City and County Medical Society on Dr. McCormack, will be read with interest by those physicians who were not present at the meeting.

At the last meeting of the Physicians' Club of Seattle, the following officers were elected: Dr. W. C. Huessy, President; Dr. Harris, Vice-President; Dr. Redon, Secretary-Treasurer. This organization is in a flourishing condition and is doing creditable work.

The Seattle spirit, which we hear so much about, is now claiming the lowest death date of any city in the world. One Seattle newspaper, with a little previousness, even gave the death rate for the year 1905 to an exact decimal two weeks before the year had gone.

A new hospital is to be erected at Grants Pass. It will be known as the Southern Oregon General Hospital. A piece of ground thirty acres in extent has been purchased for the purpose, and in one part of the building especial care will be given to tubercular patients.

The new President of the Central Willamette Medical Association is Dr. M. H. Ellis, of Albany; Vice-President, Dr. A. G. Prill, of Scio, and Secretary, Dr. W. A. Trimble, of Albany. Dr. A. Stark, of Albany, will handle the funds, and Dr. C. H. Newth, of Philomath, will act as censor.

The Pierce County Medical Society, Washington, is no respecter of persons. An aged "doctor," 76 years old, has been caught practicing in violation of the laws of the state, and the Society has gone after him. He claims to have license to practice in other states, but he had not complied with the laws of Washington.

The contract controversy is still taking much attention of the Pierce County (Washington) Medical Society. A measure is proposed which will prevent members of the society from accepting contract work from any corporations except railroads, the city and county. The purpose of the movement is said to be to secure a more equal division of the work than is now being done by contract.

Digitized by Google

The newspapers of Astoria are wonderfully elated by the nice things said about their doctors by Dr. J. N. McCormack, in the article which is printed in another part of this issue of the Medical Sentinel. Not only is double-leaded type necessary to properly reprint the article in our Astoria lay contemporaries, but headlines that would do credit to the yellow newspapers of the East are also used.

The Crystal Springs Sanitarium at Mt. Tabor, having purchased the Massachusetts building at the Lewis and Clark Exposition, is re-erecting the same on its property near the end of the car line. This building will be used exclusively for nervous patients, and will be fitted up with a degree of luxury and convenience that has never before been attempted on the Pacific Coast in such institutions.

Farmers are always subject to being buncoed, and medical quacks seek their money first. A fakir has recently put in an appearance in the country tributary to Oregon City, representing himself as being an eye, ear and nose specialist. He got his money in advance, and his prices were steep. He promised permanent cures, as he had powers transcending anybody else on earth. He realized several hundred dollars.

In Olympia a woman named Kohlman has been charged with violating the medical law by administering "a combination of physic and abdominal massage" for a consideration. The Thurston County Medical Society is back of the prosecution, and is seeking to protect the public against charlatans, when the public is not sufficiently awake to its duties to protect itself The Thurston County Society is to be commended for its activity in a good cause.

Central Willamette Valley Medical Society.—This Society, composed of the physicians of Linn, Benton and Lincoln Counties, is one of the best medical associations in the state. The meeting of the Society is to be at Corvallis on the 1st or 8th of March, at which a large attendance is anticipated. Dr. M. H. Ellis, of Albany, is President of this Association, and has exerted his usual energy and enterprise in making the Society under his administration a prosperous body.

The North Idaho District Medical Society had a meeting last month, when papers were read by Dr. Thomas, of Spokane, on "Surgical Technique," by Dr. J. W. Givens, of Orofino, on "Melancholia," by Dr. J. N. Alley, of Lapwai, on "Tubercular Signs and Symptoms." Officers were elected for the ensuing year as follows: President, Dr. J. N. Alley, of Lapwai; Secretary and Treasurer, Dr. Jas. M. Lyle, of Peck. The next meeting will be held on the 30th inst. at Moscow

In making post mortem examinations in Seattle hereafter, Dr. S. F. Wiltsie announces that he will, as a public officer, pay special attention to

Digitized by Google

the effects of patent medicines upon the victims. He asserts that a large percentage of sudden deaths are due to the use of patent medicines containing powerful drugs. The Seattle Star, among the newspapers, is especially active in showing the evils that attend the promiscuous use of patent medicines, which are so extensively advertised.

The physicians of Clatsop County, who are well organized, hereafter will decline to examine lodge candidates for the former price of $1, and will charge $2.50 or make no examinations. They very properly believe that the larger figure is none too much for making such an examination as is demanded. The lodges of Astoria are dissatisfied with the action of the local doctors, and they declare that there is a Portland man who is willing to run down to Clatsop County occasionally and examine candidates in a batch for a dollar a head.

The annual meeting of the State Board of Health of this state was held at Salem on the 11th of December. Dr. C. J. Smith, of Pendleton, was elected President; Dr. E. A. Pierce, of Salem, Vice-President, and Dr. R. C. Yenney, of Portland, was re-elected Secretary. Among the many important subjects discussed at the meeting were those of an open air sanitarium for consumptives, and the arranging of educational work among teachers of the public schools. Through the state superintendent it is intended to have instruction on the subject of communicable diseases given at teachers' institutes in the future. By such a policy it is hoped to so instruct teachers that they may be able to properly handle epidemics when such arise.

The physicians of Pomeroy, Wash., are to be commended for their swift action on one W. A. Ingalls, who swooped down on their town in October last, and advertised himself as an "Eye specialist and refractionist" regardless of the laws as made and provided by the Legislature of Washington. The justice before whom Ingalls was brought promptly fined him, but the defendant took an appeal to the Superior Court. At the session of that court held on the 5th of December a jury was out just thirty minutes, and then came in with a verdict of guilty. He was duly fined $82.50 including costs. A few such convictions as this will do much to unite the doctors in fighting the charlatans who travel from town to town seeking victims.

The Open Air Sanatorium.—Miss Catherine McNamara, the new matron at the Sanatorium at Milwaukie, is an enthusiast in her work. She has had wide experience in similar work in Eastern states, and she insists that the place for Portland consumptives to get well is in or around Portland. She admits that her patients are a little depressed when it is foggy, "but when it is raining they are in their best and most cheerful mood." Miss McNamara desires to see some bureau established where the patients after

Digitized by Google

In making post mortem examinations in Seattle hereafter, Dr. S. F. Wiltsie announces that he will, as a public officer, pay special attention to convalescence can be assisted in getting employment that will be suitable for them. Also there should be established in Portland a free dispensary where information on the prevention and cure of tuberculosis will be dispensed without cost to those who are too poor to bear the expense of taking treatment in a sanatorium.

In the address of the retiring President, Dr. J. H. Lyons, of the King County Medical Society (Washington) he argues strongly against star chamber sessions of the Society. He said: "There are many subjects before our Society in which the general public has as deep an interest as have the physicians, and in justice to ourselves and the public those sessions should be open. By so doing our attitude toward the public and toward all questions in which they are directly interested will be better understood, confidence and belief in our altruistic claims will follow and our influence, not only as individuals, but as a profession will increase. If it be true, as has been pointed out to us, that the two great needs of our profession today are organized union and publicity of our altruistic work, then our plain duty is to take such steps as will secure the thorough organization of Washington physicians and permit such publicity of our work as will enable us to assume that position of honor and influence in the community which the character of our work justifies."

The Lane County Medical Association met last month at the office of Dr. J. W. Harris, and after the regular business was attended to Dr. Ira B. Bartle gave a talk on the effect of Malaria on the Kidneys. He claimed that there is no case of malaria, however slight, but leaves an effect on the kidneys or some of the other organs, and that malaria can be carried in the system for ten or more years without reinfection. The talk was made more interesting by the presentation of pathological specimens illustrative of the same. Professor Sweetser, of the State University, gave an interesting talk on the city water, with laboratory proofs for his conclusions. He claimed that the best means for obtaining a potable water was to have the protection between the source of supply and the consumer, or, in other words, a filtration system was the safest protection. The discussion of this paper was comprehensive and instructive, and the Society voted to use its influence in obtaining a filtration system. Prof. Sweetser was tendered the thanks of the Society, and given a most cordial invitation to attend any of its meetings.

Digitized by Google

Editorial Notes

Change of Name.—The valuable journal heretofore known as The Alkaloidal Clinic will hereafter come out under a changed name—the American Journal of Clinical Medicine. There will be no change of management, but additions to the editorial staff in the persons of Dr. Wm. J. Robinson, of New York City, who will conduct a department of dematology and Genito-urinary Diseases; Dr. Emory Lanphear, of St. Louis, who will conduct a department of "Surgery, Obstetrics and Gynecology," and other departments will be added as arrangements can be made for them. The new journal will be strongly opposed to all advertising of proprietary medicines "to the laity against the medical profession, to the detriment of the people."

The Business Aspect of Medicine.—The practitioner who has bills to meet every day realizes that there is a business side to his profession, whose demands are inexorable. It is not the American fashion to politely bow and say to the patient—"pay what you will," as is the case with the Italian practitioner. There may be method in that style, when dealing with supposedly rich Americans, but it is not the manner that prevails in this country. Here certain fees are understood to be standard for certain work, with variations upward, according to the ability of the physician or surgeon to command. Very much that the doctors do is for the general well being of the community. Prevention of disease is the doctrine they preach at all times. To the stern business man this might seem to be working against one's own interest, and in a sense it is. But it is the only course that is open to a self-respecting profession, whose principles demand that some other object in life shall engage the attention of the doctor, besides the one of making money.

Some very practical persons have been insisting loudly that the strong movement now being made for organization of medical societies is not in the interests of the members of the organization, but altogether in the interests of the public. In fact these very practical persons say boldly that "altruism has been the shibboleth of medicine long enough. It would be a good doctrine if everybody practiced it, but while nearly every man is looking out for himself, the altruistic doctor will be left. If medical organizations in this country have done much to elevate the rank and file of the profession from a material standpoint, I have failed to see it."

This particular practical person herein quoted is the editor of the Medical Era, published at St. Louis, and it would seem that the brand of organization that prevails in Missouri must differ from the far Western article. Ask the members of the profession in Clatsop County, Oregon, the best organized county on the Pacific Coast, and they will tell of the material advancement that has been made. Aside from the advantages derived from frequent meetings, reading of papers, clinics and comparison of notes, all of which tend to greater efficiency, there has come with organization by our neighbor county the raising of rates for life insurance examinations from a starvation to a reasonable figure.

When the physicians of a state ask a legislative body for a law regulating quackery, or relating to the admission of new doctors to practice,

Digitized by Google

they frequently get what they ask for, because it is very apparent that their motives are not altogether selfish. The legislators are generally alive to the fact that the public will be the most benefited by the passage of such laws as are asked for. Sometimes individual legislators are prejudiced against restrictive measures, because they or their cousins or aunts are Christian Scientists, or osteopaths, or followers of some other cult or ism. But when such influences as thes are not too strong, a united profession can accomplish much, when a lack of union will secure nothing. The ideal condition can be secured only by first having good laws passed. Then the executive and legal departments must see to their enforcement. If the proper course is followed by the medical societies, and by the individual members, there need be no fear that the profession will fail to reap material reward as a result of organization.

Getting at the Public Conscience.—The idea is very general in this country that it is the proper thing for the medical profession, individually and collectively, to do all it can to educate the public in matters pertaining to health. The more the people know, the less likely they will be to deluge their stomachs with the patent medicines that are now advertised so freely in the lay press. A recent writer in one of our leading medical journals suggests that special articles be written for the larger newspapers, with a view of disseminating medical truths to the public. In this issue of the Medical Sentinel, the address of Dr. B. A. Cathey, of Corvallis, to the society of which he was the retiring president, suggests the same thing, in effect. This is undoubtedly the true view to take of the duty of the physician to the public. When the physicians' organizations ask the legislators for laws protecting the public against the raids of the quacks, knowledge obtained by the general public in schools or by lectures or addresses, as suggested, will then do much to promote the co-operation of intelligent people. The efforts to teach anatomy, physiology and hygiene in the public schools, certainly form a step in the right direction; and the effort to reach through the newspapers, those whose education as school boys and girls has ceased, is also a step in the right direction.

It is somewhat remarkable to see the ultra conservatism in this regard, on the part of some of our English friends. In a recent issue of the Lancet there appear letters from medical men deploring the fact that some lay newspapers had taken upon themselves to review certain medical works, and through the medium of such reviews to spread abroad facts such as were found within the books. There is no hint that these particular books or the reviews contained facts that would be damaging for the public to know; it was simply a protest on the part of some of the more conservative practitioners of England against the modern idea that it is a good thing for the public to have some enlightenment as to matters that are considered to be within the exclusive domain of medical men.

It is probable that before Oregon and other western states can be thoroughly awakened to the duties of its legislators and its prosecuting officers, public meetings will need to be held, at which these matters will be discussed. Such meetings have been strongly urged by those who have had experience in promoting organization. There is a great field to be worked, and it is not easy to state what is the best way to go about it.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington
Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

QUACKERY IN IDAHO

While the state of Idaho is not Russia, it would seem from recent developments, that freedom of speech is about as scarce an article in our neighboring state as in the dominion of the Czar. Our readers will recall an address published in the November issue of the Medical Sentinel by Dr. Nourse, of Hailey, which he delivered before the Idaho Medical State Society last October. He called attention to the condition of the laws of his state governing medical affairs, and very properly outlined the work that had been done, and the cases then pending in the courts, looking to the suppression of quackery. He called attention to the folly of the section of the law which provides that the work of the medical board is reviewed by a judge who knows nothing of the subject. In his address appears the following paragraph:

"Think of it! A judge, however learned he may be in matters of law, sitting as superior to a board of six medical men, on matters pertaining to medicine, gravely scrutinizing the markings given by a medical board to a candidate for a license to practice medicine, to see if he has been rated correctly. It would be intensely funny if it were not, in fact, so serious a matter."

Dr. Nourse suggested a reversal of the picture—that a doctor should be clothed with power to determine whether or not a certain candidate before the bar for license to practice law had been rated correctly by a board of six lawyers.

Then Dr. Nourse relates something as to the trial of the case before the court, to which the plaintiff had appealed from the adverse decision of the medical board. He tells that the judge took the exam-

Digitized by Google

ination papers, looked them over and proceeded to regrade them. The doctor says: "As a result he raises the grades from 56 and a fraction to 69." The judge (quotes Dr. Nourse) in his findings says: "But I find pathology to be a subject that only specialists are expected to be conversant with, and I therefore set aside the subject of pathology entirely, and upon all the other branches I find the plaintiff entitled to 73.48."

Dr. Nourse, in commenting upon the remark of the judge, says: "It will no doubt be news to you that pathology is a subject that only specialists (he does not say what specialists) are expected to be posted upon. Although every bona fide medical school in existence teaches pathology, and every state examining board must examine upon it, yet this learned judge sweeps it aside as an unfair test."

After a careful examination of Dr. Nourse's paper, we have been able to find nothing that can be construed as contempt of court but what is here quoted. The presiding judge, Price, who was thus criticised, has fined Dr. Nourse $300 for contempt. The money has not been paid, but an appeal to the Supreme Court of the state has been taken, and it is gratifying to note that the State Medical Society has taken up the case, and is back of Dr. Nourse in resisting this fine.

Another action has been brought by one J. J. Raaf against Dr. Nourse for $10,000 for alleged "false and defamatory language" in the same paper. It is evident that Raaf is the individual whose case was held up to proper scorn by the doctor in his address. It is just as well that this suit should be brought now in Idaho as at any other time. It is very desirable that the profession should be informed beyond all question whether the laws of that state are made to shelter quackery, and whether quackery can be exposed in fair, temperate language.

IS DR. McCORMACK CORRECT?

A decided hit was made some years ago by a newspaper editor who wrote an article in response to the question—What is the matter with Kansas? He told what the matter was. His remarks hit Kansas very hard, and drew blood. There were many indignant Kansans after the appearance of that article who insisted that it was libelous, and if Kansas had been able in its capacity as a commonwealth to institute suits for libel, on the civil side of the court, the alleged libeller would have been asked to pay a large sum of money as damages. The world was pleased at the gibes that were thrown at Kansas, and believed that most of the things said were correct.

One difference between the writer who answered the Kansas inquiry and Dr. McCormack, who has been diagnosing the trouble in Oregon, is that the Kansas man lived in the Sunflower state, and knew what he was talking about, while Dr. McCormack, on the other hand, was a transient visitor—able only to take a cursory glance at the situation, and arrive at conclusions from hurried observations, and conversations with men who were likely to be more or less biased. Dr. Mc-

Digitized by Google

Cormack is a very agreeable gentleman. He is not, perhaps, quite the philanthropist that he would have us believe—traveling over the country solely and alone for the good of the profession. The accounts of the Association are not such an open book that it is known just what remuneration the genial doctor gets; but it is very evident that he is a successful organizer, and has accomplished considerable good in the line of his chosen work. As one listened to his address, one could not fail to agree with him that organization of the profession is not only a good thing for the members themselves, but also for the public. Where the profession is organized, there quackery and charlatanism in medicine are at a very low ebb. Where the profession is disorganized, there the public are most at the mercy of adventurers who advertise their ridiculous claims the loudest.

* * *

However much good sense Dr. McCormack may have enunciated in his addresses to the societies that he met with, it is very clear that he has deeply offended many of the influential doctors in this state. In another part of the Medical Sentinel we publish, from the American Medical Association Journal, his article which appeared on December 9th, on the condition of affairs in Oregon. The Portland City and County Medical Society will in all probability, as this issue of the Medical Sentinel is passing through the press, take the matter up, and pass some resolutions on the subject. While Dr. McCormack admits in one part of his article that he met physicians in Portland of "high character and capability," yet he insists that "the average grade of the profession is low and the spirit non-progressive." The state board comes in for criticism. Dr. McCormack insists that the "state examinations are such as to make this the dumping ground for low grade men who fail to pass in neighboring or even distant states." This is a little rough, considering that the board has brought contumely on its head from the friends of the applicants who failed to pass at a late examination.

* * *

There is a feeling among some members of the profession in the city that the editor of the Journal is actuated by other motives than a desire to do even-handed justice to Portland. Otherwise why should he with marked inaccuracy say, in the same issue of the Journal as Dr. McCormack's article appears, that "within the profession of Portland there is total paralysis of effort to perform public duty and to improve medical conditions?" The Sentinel is in receipt of several communications from subscribers in this and neighboring states, protesting most strenuously against the criticisms of Dr. McCormack and the editor of the Journal, and insisting that they are decidedly uncalled for, malicious and scandalous. Perhaps these letters are a little too severe. The profession is indebted to Dr. McCormack in so far as his presence and encouragment have resulted in a more complete organization in any county of the state, but it is to be regretted that he saw fit, in his reports, to make statements which are, to say the least, gross exaggerations of the conditions which appeared to him to be the most needing of criticism.

Digitized by Google

PRACTICAL SIDE OF INFANT FEEDING

By R. J. MARSH, M. D.
Portland, Oregon

Read before the Portland City and County Medical Society, Nov. 15. 1905

The importance of infant feeding is never appreciated by the medical student, and is not given the attention it deserves by the general practitioner. I do not propose to give a lot of tables of "percentages" that can be found in any text-book, for they are too dry to read and too hard to understand, even when you are trying to find out how to feed a baby who is doing badly. But I hope, if possible, to cause a general discussion that will be of profit at least to the younger members of the profession, by those who have had a wider experience than many of us.

The physician who can take a poorly nourished, sickly baby and put it on a food of proper strength and care for that child till it is two years old, shows as great skill as the surgeon who can do a major operation successfully. There is a difference between a child being alive at two years, and one that is properly nourished,—one that has no signs of rickets or scurvy, good color, not anaemic, fully developed as shown by dentition, learning to walk and talk early, etc.

You probably all can recall cases of babies that were fat, but were subjected to attacks of bronchitis and would die of pneumonia; or were subjected to attacks of indigestion and die of a summer complaint. I believe many such cases could have been saved if the physician had given proper attention to the nutrition of the baby when it was younger. Some physicians say that rickets are rare in Portland. Personally, I believe that mild cases are common. A child with rickets does not necessarily have bow-legs, but it may show itself in bronchitis, extreme nervousness, tendency to convulsions, weak digestion, slow dentition, etc. And rickets will become more and more common if the use of proprietary baby foods is not checked. As it is, the disease is much more important than the attention we give it would indicate.

Some of us may not have considered what a high mortality exists among babies. Over 26 per cent of all deaths are of children less than one year old, and over 34 per cent under two years. A large number of this very high percentage can be traced directly or indirectly to the digestive tract. Even the acute infectious diseases are fatal often because of the weakened condition of the system at the time of the infection. In the New York Infant Asylum, out of 726 post mortems, 214 were due to disease of the digestive tract; 56 due to tuberculosis, being one-fourth of the former. So you see that the mortality due directly or indirectly to faulty nutrition is much higher than the mortality of tuberculosis, which the civilized world is trying so hard to conquer.

The mortality of babies under one year has been steadily increasing

Digitized by Google

in Europe and America during the past twenty-five years. Holt says that the most important cause of this is the artificial feeding that is so ignorantly being practiced today.

The poorer classes are more and more frequently compelled to artificially feed their babies on account of being away from home working during the day, while among the better classes the number of women who cannot nurse their babies is growing larger each year. It is rare in the cities to find a healthy bottle-fed baby among the poorer classes.

Holt also says: "Nutrition is the most important branch of pediatrics. At no time in life does prophylaxis give such results as in infancy, and no part of prophylaxis is worthy of more attention than the condition of nutrition. The problem is not simply to save the child's life during the perilous first year, but to adopt those means which shall during the plastic period of infancy, tend to the healthy and normal growth of the child, so that the organs of the body shall have their normal development instead of impaired structure and deranged functions, the effects of which may last throughout childhood or even through life."

We must feed the child so as to avoid not only the immediate dangers of acute indigestion, diarrhoea, and marasmus, but, also, the remote ones of chronic indigestion, rickets, scurvy and malnutrition.

One of the difficulties has always been that temporary success may mean ultimate failure. This is so true of the proprietary foods that if the injurious effects were manifested immediately, there would be much less of them used than now. Many mistakes are made by following up a line of feeding that is valuable as a temporary means, but not as a permanent food. The bad effects of the lack of one element of food from the diet may not manifest itself for months. Another stumbling block is that some strong, robust babies in healthful surroundings thrive on an improper food.

It may be of profit to consider some of the characteristics of the digestive tract of the infant. I believe if we thoroughly understood the physiology of the baby's digestion, we would make fewer mistakes. It shows why the child thrives on the proper diet, and why it cannot be properly nourished on the proprietary foods, and why it cannot "eat everything," as the mother often tells us.

The secretions of the different ferments is slow in being established. It is only towards the end of the second year that the digestive functions approach in capacity those of the fully developed organism. The salivary glands do not attain decided power before dentition. In the stomach the muscular fibers are poorly developed, especially at the fundus. Peristalsis is weak except toward the pyloris. After the tenth month the muscular development resembles that of adult life. The mucous glands are more plentiful than in adult life, while all the others are less numerous.

The capacity of the stomach is probably not as great as is usually given. In the breast-fed baby, part of the milk passes directly into the bowels. This probably does not occur in bottle-fed babies. It is well not to try to give as much food at a time as the capacity of the stomach would indicate as stated by some authorities. Martin found that

Digitized by Google

mother's milk is completely digested in the stomach, while cow's milk is not. Fats are not modified in the stomach. Secretion of pepsin and hydrochloric acid are deficient in quantity when compared with adults. Hydrochloric acid seems to be sufficient for mother's milk, but not for cow's milk. Lactic acid fermentation is part of normal digestion. Stomach empties itself in breast-fed babies in 1½ to 2 hours. With cow's milk it takes from two to four hours, as stated by different observers. This may help to explain the frequency of dilated stomach in artificially fed babies. Pfunder found it in 27 per cent of the post mortems, while it was not present at all in 70 per cent post mortems on breast fed children.

The muscular coat of the intestines is poorly developed and peristalsis is irregular and inclined to be sluggish.

There is advanced development of mucosa, especially of the lymphoid element, great vascularity of villi, and richness of nerve supply. Mucous glands are numerous and secretion abundant; other glands are not fully developed. This development and vascularity of villi favors absorption while the poor development of glandular tissue demands a food easily digested.

The pancreatic fluid contains the three important ferments: (1) Trypsin, which transforms albuminoids to peptones, is scanty till after the fourth month; (2) Steapsin, which emulsifies fats is present from the first; (3) ptyalin, which changes starches to sugar, is not established before the sixth month.

There is relatively more bile than in adult life. It does not seem to have much influence on digestion. Its antiseptic power is feeble, due to the small quantity of biliary acids, and shows ease with which putrefaction and bacterial growths take place. Ninety-six per cent of mother's milk is absorbed and assimilated by the infant, while only 93 per cent of cow's milk is absorbed.

There is no hard and fast rule to follow in the feeding of infants. Each child has to be studied and the food changed according to its needs. Children of equal age and weight may not do well on the same food. There are nearly as many methods as there are writers on the subjects. One advises stronger and the other weaker mixtures. It has been my experience that one is more apt to err in giving too strong than too weak mixtures. I find it much better to begin with the weak mixture and gradually increase as the child will stand it. "Nothing is easier than to derange the organs of digestion during first weeks by too high per cent of proteids, and such disturbance may continue for weeks." All changes from a weak to a stronger must be very gradual. If the child is pale or not gaining, try making food stronger. It may need more sugar, fat, or albumen, but it will not do to add more sugar if fat is what is needed.

The following symptoms help to decide which element is at fault. Frequent regurgitation, one or two hours after feeding of sour curdled milk, or water fluid, usually indicates that the proportion of fat is too high.

The habitual colic of early infancy is almost invariably due to too

Digitized by Google

high per cent of proteids. There is almost invariably curds in the stools. It means that there is either too much proteid or else the child is not able to digest what he is getting.

Loose green stools or yellowish green stools of a sour odor are sometimes due to an excess of sugar, but more frequently due to excess of fat. Curdy stools are due either to excess of casein or fats. When due to casein, curds are hard and yellowish; when due to excessive fats, are soft and smooth like butter. Very foul-smelling stools generally indicate a decomposition of albuminous foods.

A plan I have used for some time with new-born infants is to begin with one part cream and ten parts boiled water. I increase the strength of this as the child will tolerate, so that by the third week it is taking about one of cream to six of water. Then I use a method suggested by Dr. Coolidge of New York. It is so simple that the physician can explain it easily to the mother as well as understand it himself. Take a quart of bottled fresh cow's milk and let stand for five or six hours. Then skim off six ounces from the top, which represents nearly all the cream. Add to this about 22 ounces of boiled water (cooled), a little lime water and six small teaspoonfuls of sugar of milk. This makes the food for 24 hours. From now on I have the mother add, at the rate of about one ounce per month, more from the top of the milk, all the time watching the effect on the child's digestion. If you have a child where you can observe it closely, you will be surprised to see the change a teaspoonful more or less of any one of the three ingredients will make. A baby may not be gaining in weight, but is good-natured and stools normal. Add a little more sugar and child will gain an ounce daily. Another one is gaining, but has colic; decrease sugar, or milk, and the colic disappears, etc. By studying each case separately, one will succeed with most children. If curds of casein, give castor oil or calomel and decrease amount of milk. The same if there is too much fat. It is often wise to add a small amount of salt to the food, for it seems to prevent as solid curds forming as when not used.

Cleanliness in preparation of the food, care of bottles, etc., is all very important. The Hygea nursing bottle is the best, for the bottle is large enough to admit of easy cleaning. Impress the mother with the importance of little things, for it is the little things that make the feeding a success or failure.

So far this sounds as if it was an easy matter to feed a baby. It is easy if you get started right and have an intelligent mother to follow your instructions. But I find it a common thing to have the mother wean the baby and put it on some abominable food without consulting her physician at all. Then the baby has some one of the many conditions that such feeding will cause. With such cases, after giving something to clean out the digestive tract, I put the child on a mixture such as I would use for a normal baby two or three months younger, as 6 ounces of cream to 22 of water. If this does not agree with the baby, I peptonize a mixture of normal strength for a child of its age, for 25 to 30 minutes. Then reduce the time as the child's digestion

Digitized by Google

grows stronger. It is not well to peptonize for too long a time, but get the child's stomach to do the work itself.

Sometimes I use barley-water or oatmeal-water, (if constipated) instead of plain water to dilute the milk.

Again, a baby may be apparently digesting its food well, and the food is of proper strength, still the child is pale and is not doing well; a little fruit juice or codliver oil will often make a decided change for the better.

Recently I saw a baby, 2½ months old, suffering from colic, and had not gained any for three weeks. Mother was giving it the proper strength of milk, cream, etc., but said that it would take seven or eight ounces of food at a time. All the change I made was to reduce the amount of each feeding to 4½ ounces. It gained nearly a pound during the following week. I mention this case simply to show the necessity of studying each case as to its needs.

The child should have plenty of outdoor life. Also, let it exercise by kicking, etc.

I cannot condemn too strongly the use of proprietary foods. I will not say that they are never useful, for they may be of use as a temporary food. Yet I have never been compelled to resort to them. One has only to look at their composition to see where the harm lies. As I have already said, the absence of one element from the food may not show its bad effects for months and the temporary success may be the stumbling block that will take the life of our little patient. One has only to attend one of the large London hospitals, as the Great Ormond Street Hospital for children, to appreciate the great harm these foods are doing. In London the poor feel that they are compelled to use some "baby-food" instead of cow's milk on account of the expense of the latter. We will see the same condition in America if the physicians do not discourage their use. It is the lazy way to do, for some firms will even send a trained nurse to show mothers how to feed their baby. The representatives of these manufacturers remind me of John Smith, who wrote a book entitled, "The Word of God." Two years later the second edition came out with this announcemen, "The Word of God, Revised and Improved, by John Smith."

It is also our duty to discourage, in every way possible, the early weaning of babies. The mother should be told that it may mean the life of her baby. Monti prefers always to use mixed feeding up to at least the sixth week, if the mother has not enough milk for her baby.

Probably the milk from a herd is better than from a single cow, for the proportions of fat and proteid is apt to vary in the individual cow, even as much as 2.4 to 4.1 per cent for the proteid. As lactation advances cow's milk becomes richer in all ingredients except sugar.

There are many other practical points in the feeding of infants, but I will not take more time now. The importance of this subject cannot be expressed better than by quoting from Holt again: "The question whether the child shall be strong and robust or a weakling is often decided by its food during the first three months. The largest part of the immense mortality of the first year is traceable directly to disorders of nutrition."

Digitized by Google

THE MEDICAL PROFESSION

By B. A. CATHEY, M. D.
Corvallis, Oregon

Read before the Central Willamette Medical Association, December 7, 1905

As President of this Society for the year now closing, and in accordance with a time-honored custom, I present to you this paper, which you may denominate the President's Annual Address.

I have not thought of attempting to discuss on this occasion any scientific subject; but, rather, to consider briefly, in a general way, some of the phases of our profession.

I think it is quite generally conceded by the intelligent of the civilized world that there is no more honorable vocation, nor one in which more good can be done, nor any attended with greater responsibility, save possibly that of the clergy. While the latter deals mainly with the welfare of the spiritual man, the physician produces much happiness by relieving distress resulting from pathological conditions of the physical man.

I say, ours is an honorable and noble vocation, attended with great responsibility.

What do we prize more highly than the lives of our loved ones? These precious lives are frequently placed in the hands of the physician upon whose judgment in their management they may be saved or lost.

These facts bring us face to face with the fact that the physician cannot be too well prepared for the practice of his profession.

Preliminary Education.—A man's intelligence is measured by his memory, reason and judgment. I doubt that there is any other line of business in which a higher degree of development of these faculties should be required. This development is begun and continued in our public schools and higher institutions of learning. The study of orthography, geography, history and chemistry tends especially to strengthen the memory, while that of mathematics, natural philosophy and others, the reason. Correct judgment, of course, is based upon reasoning from remembered facts properly selected.

The study of the various branches taught in the schools is not merely to store the mind with knowledge; but to develop its working power, that it may better investigate, discriminate, and otherwise act more efficiently.

Not infrequently young people ask our advice regarding their entering the medical profession. Some of them have not even a good common school education. To such we should say, get your degree from some recognized higher institution of learning before you attempt to enter a medical college. I know there are many good physicians who have never graduated in any literary institution; but I verily believe

Digitized by Google

that with our present educational facilities, the time has fully come when the doctor of medicine should be an educated person. It is true that the American Association of Medical Colleges requires a higher degree of preliminary education than formerly; that the educational requirements are being raised as time goes on; but I wish to say that many of our students go through medical college with a poor preliminary education. I think our Examining Board did right some time ago when it refused licenses to some medical college graduates on account of their lack of preliminary education.

The effect should be two-fold; first, to make the colleges more careful in admitting students; and, second, students will be more likely to make better preliminary preparation. I have noticed that the medical student who has a college degree grasps more readily the lectures and passes the better examinations.

Dr. Austin Flint, in his Practice of Medicine, published in 1881, says: "Specialists result from an increase of knowledge, rendering it difficult or impossible for one mind to comprehend all that has been ascertained in either of the three departments of medicine." If this was true at that time, how much more difficult or impossible it must be today with our increased knowledge arising from the vast amount of scientific investigation made in the last fifteen or twenty years. It is manifestly clear that thorough mental training should precede the study of medicine, and I hope that we shall use our influence against students entering medical college without first having acquired a liberal preliminary education.

The next thought to which I wish to call attention is the motive in view in entering the medical profession. It is a common idea that physicians make more money than other people do and hence the tendency for many to choose this vocation.

The man who becomes a physician merely to get wealth is to be pitied, and his patients much more so. If a man does not love the practice of medicine, does not delight in relieving human suffering, is not interested in investigating the conditions of his patients, in watching the progress of the diseases he is treating, cannot take pleasure in reviewing the literature that he may refresh his memory, or obtain information he never had, he will find himself a miserable failure, and he will wish a thousand times that he had never begun the practice of medicine. But, upon the other hand, if he is adapted to the work, the vocation in the main will be interesting to him; and, therefore, the application necessary in the life of the physician will be pleasantly accepted and cheerfully made. Under such conditions, increase of knowledge and skill must inevitably obtain.

I pity the doctor who in the prime of life, and in the enjoyment of good health, has to drive himself to his books, or medical journals, or who thinks he learned enough when in medical school that it is unnecessary to investigate further; but, upon the other hand, he is to be admired who knows there is much that he never can know, but will diligently seek to know all he can.

Quackery.—At first thought it seems strange to us that in this day

Digitized by Google

of civilization and scientific enlightenment so many people can be found who become enthusiasts in favor of magnetic healing, so-called Christian Science, Osteopathy, and other minor forms of healing; but, upon more mature reflection, we can see that there is perhaps more than a shadow of reason for it.

Christian Science.—This term is a flagrant misnomer. It is neither Christian nor scientific. It should be known as "devilish nonsense." Notwithstanding the vast amount of harm it has produced in various ways, it has been a means of help in some cases, which have worn out a devoted family and exhausted the patience of the friends—cases which have gone from physician to physician, with seemingly little if any help. I would not attempt to minimize the power of the Creator, but I sincerely believe that faith healing as held by some Christians is to be classed along with the above. Dowieism is a fair example of such ideas of healing. The only good that can arise from such methods of healing is in cases dependent upon the condition of the mind. What effect would such practice have in reducing fractures, dislocations of joints, in the cure of advanced cases of tuberculosis, cancer, diphtheria, syphilis, malaria, etc. While it might not do much harm in the cases of tuberculosis and cancer above mentioned, it would result in preventing relief in the other cases curable in the hands of an intelligent physician.

Allow me to cite three cases; one, representing a success; the others, failures.

Case I. A lady of my acquaintance had been an invalid, confined to her bed for years. Several physicians had, in turn, treated her, but could not get her out of bed. Finally, however, a faith healer came along and he succeeded, in a comparatively short time, in getting her up and about the house apparently cured. Now, if one of her former physicians could have inspired in her an equal amount of faith, together with massage, he could have accomplished as much in a shorter time.

Case II. A lady with tuberculosis of the spine—Pott's Disease. Her husband brought her to me early in the disease; but her parents, being unbounded believers in faith healing, sent for some of their preachers, who held a meeting which she attended. During the meeting she was, as she claimed, sanctified and healed. I noticed, however, that it seemed hard for her to get out and into her carriage when she came to town. I saw her mother on one occasion and she told me her daughter was reclaimed, gloriously sanctified and healed. Some months after her father came for me in the night, saying he feared his daughter was dying, and wished me to go and see whether I could do anything for her. I went and found her dying, the lungs having become involved in the tubercular process. I told her I could do nothing for her; that she was dying.

Gentlemen, I never can forget the expression of her countenance, and the answer she gave. "It cannot be possible," she said; "cannot you do something that will help me?" I did nothing but sit by her side for half an hour or so. I could do nothing but perhaps produce euthenasia. She was dead in two or three hours. Her father told me

Digitized by Google

that he and his wife could not understand why she should be taken from them when they had received evidence, as they thought, that she was healed.

Case III. A young man treated by a prominent Portland Christian Science lady, now deceased. After having labored with the case for some weeks, and finding him constantly growing weaker, she said to his attendant that for some reason she could not manage his case successfully, whereupon the young man was brought to me. Upon examination, I found him in an advanced stage of pulmonary tuberculosis. He died in a few weeks.

Do you think you could convince case No. 1, and all the people familiar with the circumstances connected with the case, that the regular profession could have accomplished what that faith healer did? It is in cases like this that faith healing and Chritian Science flourish and our profession suffers, when really we should and frequently do get as good results.

To show how people will be deceived, permit me to read without comment two clippings from Dowie's paper, "The Leaves of Healing":

"Another Mother Delivered by God."

"Dear General Overseer: On April 10th, God gave us a baby boy, who weighed eight pounds. God was present in mighty power in delivering our baby. He was born five minutes after five in the evening, and a short while afterward I ate a hearty supper. A good Zion woman was in attendance and we took everything to God in prayer. I had no after pains, and only three real hard pains, and then baby was born. My bowels did not move for six weeks, but God kept us both. and when Overseer Mason prayed, that same night they moved. Words cannot express what God has done for my husband, baby and myself, but I want God to use these few simple words, and may they be a blessing to some one."

"Dear Brother in Christ: I am pleased to tell you how God answered your prayer for our cattle. The one that held her milk up now lets it down. That is a wonderful answer to prayer. Nothing but God alone can heal an animal of this habit. And the other one that had gatherings, and gave bad milk, has only given bad milk once since, and no gatherings. We do praise God for this wonderful blessing. It means much to us."

Do not think me sacrilegious in referring to these things. I do so only to show the conditions with which we have to deal. When we touch a man's religion we touch his heart, and it requires all the intelligence at our command to correct these errors, and even then we too often fail.

I wish to refer to one case for osteopathy. A certain senator sustained a dislocation of the shoulder, which was reduced by a regular physician. Some time after, the shoulder not being free from discomfort upon motion of the arm, he consulted an osteopath, who exercised the part, and in a few treatments he was well. He told me afterwards that osteopathy is all right. His physician could have done as well. I feel sure that the senator would have used his influence in the Senate,

Digitized by Google

if the opportunity had presented itself, to enact a law recognizing osteopathy and legalizing its practice.

Now I wish to cite one of several cases within my knowledge against osteopathy:

Mrs. C. is subject to violent attacks of asthma when she sleeps on a feather bed. One night while visiting her sister she was put on a feather bed, which soon threw her into a paroxysm of asthma. An osteopath occupying rooms in the same building was called, and upon examination found some of the ribs pressing down upon the lungs, causing the asthma. Treatment was immediately instituted, the offending ribs raised, and the paroxysm refused to subside. The patient, upon her return home, told me what the osteopath had said was the cause of her asthma, whereupon I forbade her sleeping upon a feather bed in the future, for every time she would do so her ribs would be sure to drop down upon her lungs, producing asthma.

Faith healing has been employed for ages past, and with great success in many cases; but Dr. Butler, of New York, considers, and I believe correctly, that the mental attitude of the sufferer seems to be of more consequence than the powers to which the prayer is addressed; or, in other words, I would say that the good results are due more to the mental condition of the one exercising the faith, than to any miraculous work done by the being in whom the faith is exercised.

Of course we know that most cases tend toward recovery even without any considerable treatment, and that a cheerful mind is a great aid in the treatment of diseases generally. While it cannot be utilized in coma delirium, and in very young infants, yet, I presume we employ it as constantly as we do medication. We cannot reach the highest degree of success without its employment. We use it, but not it alone; we apply massage, but not to the exclusion of other indicated measures; we employ hydrotherapy when we consider it needed.

I congratulate myself, gentlemen, and you as well, that we have become disciples of, and associated ourselves with, the great scientific medical profession which leads the world in its scientific investigations, and stands ready to accept anything, and everything, which proves itself of genuine merit, in preparing us for our lifework—the alleviation of human suffering.

How any man with ordinary common sense can believe in any cult, that teaches that there is no such thing as disease or pain, that we only think so, is more than I can comprehend. Our nerves may be said to be our friends, telling us many times when our bodies are in a pathological condition, thus enabling us to seek protection from impending danger.

We physicians have passed through medical college, received our degrees, and I suppose we have been at least fairly studious and observing during our years of practice, and yet we realize that there is much in this great science that no one of us can ever know; how much less, then, must the general public know of the truth in the various methods of treatment of diseases. Herein lies the opportunity of the charlatan and the quack, and other pretenders.

We are justly humiliated when, from a lack of sufficient painstak-

Digitized by Google

ing, a case leaves us and goes to an osteopath and gets relief when we could have done as well. When, however, we have been careful in our diagnosis, and are treating our cases correctly, some will become discouraged and seek other advice, it may be even in our own fraternity (it usually is). This we cannot wholly avoid, so we might as well make the best of the situation and not feel unpleasant toward our brother whose advice is sought.

Sympathizing Friends.—This world is full of good people who have great sympathy for the afflicted. They willingly put themselves to great inconvenience to render assistance. Many of such people do a great deal of good. While we all recognize the superiority of the services of the intelligent, kind, faithful trained nurse over those of the ordinary neighbors and friends, yet it is not always convenient, nor even practicable, to procure the graduated nurse to attend the sick in many homes. Hence, much of the nursing must be done by the friends. Again, there are many who consider it a sacred duty to visit the sick and consequently do so. Some of these administer comfort. I suppose that not one of us, if he were ill, would feel that his friends were numerous, or genuine, if none were to call, expressing sympathy, and otherwise manifesting an interest in his welfare. But there are a few of these friends who are sincere in their belief that the greatest assistance they can render is to suggest their remedies, which they may have prepared themselves, or which may have been prescribed by their family physician in some other case. And, again, there are those who feel sure that the attending physician does not understand the case; that his treatment is all wrong, and that Dr. B.—usually the informant's medical friend—had a case similar and soon had the patient cured.

While these things cannot be wholly controlled, yet they can be favorably modified in many cases by directing the attendants to admit few if any callers into the sick room.

I confidently believe that if we physicians would support one another, as we should, instead of finding fault; and, if we would maintain a kindly, gentlemanly bearing, exercising great care to avoid giving offense to anyone, we would thereby reduce the calumny to which we are so frequently subjected. In other words, I would say that the physician with a liberal education, literary and medical, so that he can command the respect of his acquaintances in this particular, and who has learned the commendable art of getting into the hearts of the people, who find by continued acquaintance that he is a gentleman, sincere and true, that he exercises a sympathizing care for his patients, he will have the greatest number of adherents—people who will believe in his ability. So I would say that while we cannot overcome all these unpleasant conditions, yet we can somewhat lessen them if we will.

I know some of the interference of friends is exasperating, both to the patient and relatives, as well as to the attending physician; but be it remembered that it frequently comes from those who have lack of confidence in our ability, or whom we may have in some way offended. Of course, it must be remembered that there are some people who

Digitized by Google

cannot be satisfied by anybody or anything long at a time, and that such people are usually of a class who have a meagre conception of the truth of the things in relation to which they are so changeable. And again, there is to be found occasionally a doctor who, when a patient goes to him from another physician, will say, "It is well that you have made a change; for if you had gone on longer with your former treatment, I could do nothing for you." Why speak thus, though it were true, for such expressions tend ultimately to add to the faithlessness of such people.

Fraternalism.—When Dr. McCormack was here recently, he laid much stress upon the great prevalence of jealousy existing among physicians. I think he represented that there is more among doctors than any other class of people. I must admit that the Doctor has an excellent opportunity of knowing the truth, having traveled in every state, perhaps, in the Union, and having visited many of the principal cities. There is, doubtless, much truth in his statement; but such a condition should not exist. Associating ourselves together as we have done in the organization of this society has enabled us to become better acquainted with one another; we have a friendlier feeling one toward another, than we otherwise would have. But, aside from the friendship thus produced, I wish to emphasize the thought that the profession in this district has been helped by this Association. I know that I have received much good; and in proportion as I have been benefited, so also have my patrons been benefited.

I have laid stress upon a good preliminary education for its increased advantages to humanity; so now I wish to say, let us be free from professional jealousy, each considering and feeling the other his brother, not only for his own comfort and satisfaction, but for humanity's sake.

I wish we could induce every physician in this district to become a member of this Association, and heartily join in its deliberations. I believe that if we will earnestly plead with those who have not yet come in, many, if not all, will respond favorably.

It has been said, "In union there is strength." Power of influence is what we need; and by associating ourselves together, and discussing ways and means for the management of the evils gnawing at the vitals of our profession and consequently those of the public welfare, we shall become better equipped for opposing the gigantic evils confronting us.

The science of medicine and surgery is too profound for the masses of the people to comprehend even to a small extent, without instruction from some reliable source; hence, to enlighten the people devolves largely upon the physician.

Since the introduction into our public schools of the study of anatomy, physiology and hygiene, the way is being better prepared for the more extensive educational work of the physician. There is a strong tendency on the part of the general public, especially in the rural districts, although, I am glad to say, not so nearly universal now as formerly, to accept with great confidence the healer, who with his great

Digitized by Google

pretentions of superior diagnostic skill without the usual or recognized methods of investigations, plays upon the credulity of the people. Or, in other words, the man who acts the most mysteriously, with positive appearance of superior knowledge of pathological conditions and their management, is the one who will excite the greatest consideration in the minds of many. Fortunately, however, for the people, such pretenders cannot remain long in one place.

I deem it important that we unite in one common cause, associating ourselves together at stated times to consider in much seriousness our highest interests and therefore exert the greatest influence for good in our respective communities. So, also, I deem it our duty to intelligently and persistently unite our best efforts in influencing our legislature by doing all in our power to elect as our representatives men who we know have a reasonable conception of the great superiority of the profession of which we have the honor of being members, men who can see the benefits to be derived from enacting laws prohibiting the practice of all quackery vaunting its cures.

I consider it our duty also to create a fund for the prosecution of all healers in our district who do not comply with the state laws governing the practice of medicine.

Before taking my seat, permit me to express my sincere gratitude for the kind consideration with which you have treated me during my association with you, and particularly, for the support you have rendered during the last year in contributing to the interest of our meetings.

Care of Infants in Public Institutions.

H. M. McClanahan, Omaha (Journal A. M. A., Nov. 18), remarks on the special difficulties encountered in the care of infants in institutions, and gives the experience at the Child's Saving Institution at Omaha for the past four years. A marked decrease of mortality was noted with the employment of trained nurses, and this he attributes entirely to skilled help. He claims, also, for the physician greater authority than is sometimes allowed, especially in children's hospitals, in the management of the diet, and the control of nurses. He describes the conditions in the institution, the unavoidable crowding and the means taken to secure good ventilation and disinfection. Special attention is given to disinfection of soiled napkins and those who handle them. He considers that there is more danger of gastrointestinal affections from this source than from the bottles or the milk. Other rules are that all the food for a given time is prepared by one nurse so as to fix responsibility. All infants are fed on modified milk, which, during the summer is pasteurized, and when infants use pasteurized milk it is a standing rule that they receive orange juice once a day. Another rule of great value is that of isolating children as soon as they are observed to be at all ailing, whether it be a cough, a rise in temperature or an offensive bowel movement. By following this rule it has been possible to prevent the spread of any contagious disease.

Digitized by Google

BRIEF REVIEW OF THE SUBJECT OF PLACENTA PRAEVIA, WITH REPORT OF CASE.

By TRUMAN O. BOYD, M. D.
Twin Falls, Idaho

Read before the Idaho State Medical Society, October 5 and 6. 1905

Placenta praevia is a condition in which the placental attachment extends to some portion of the womb subject to dilatation or retraction prior to or during labor, and as its clinical importance depends upon the extent of this attachment and its relation to the internal os uteri when fully dilated, we usually classify the condition as follows:

1. Placenta Praevia Marginalis, a condition in which the placental attachment extends to but not beyond the margin of the internal os uteri when it is fully dilated, the condition most frequently met with, least grave in character but capable of producing most serious condition within a very short time unless early recognized and promptly dealt with.

2. Placenta Praevia Partialis, a condition in which the placental attachment extends to, and a variable distance beyond, the margin of the internal os uteri when fully dilated, a condition more grave in character but fortunately less frequently encountered.

3. Placenta Praevia Centralis, a condition in which after complete dilatation of the internal os uteri we find the entrance to the cavity of the womb entirely occluded by a central fixation of the placenta, a condition most grave in character but fortunately so seldom met with that its very existence is denied by some very good authorities.

While numerous other classifications are given, they are for the most part subdivisions of the ones just named, and these are usually accepted as being sufficient for all practical purposes.

The frequency of this condition is variously estimated at as often as one in two hundred and fifty cases, to as seldom as one in one thousand, and is said to occur once in primipara to six times in multipara. Of the two cases that have come under my observation, one was a multipara aged 35, the other a primapara aged 32.

A theory which I consider a very important one as to the cause of Placenta Praevia is that it is an arrested abortion, and in the one case just mentioned, that of the multipara aged 35, I was able to get a complete history of arrested abortion at the second month, and later on I shall give you a complete history of this case, with the treatment instituted.

Among other probable causes of the condition are sub-involution, low entrance of the tubes, malformation, tumors and endometritis. Personally I believe more in the theory that it is an arrested abortion, because of the history I have been able to obtain, in my own case and that of a brother practitioner, and for the further reason that some one

Digitized by Google

of these conditions (low placement of tubal entrance excepted) is a probable cause of most every abortion except those occurring as a result of interference or trauma.

The one symptom of Placenta Praevia is hemorrhage, which only has to be differentiated from accidental hemorrhage and rupture of the uterus, the reported cases of menstruation during pregnancy in all probability, if closely investigated, being due to a slight misplaced attachment of the placenta.

The hemorrhage of placenta praevia may occur at any time after the third month, rarely before the sixth and most common during the latter months of pregnancy. It comes on suddenly without any apparent cause, and may be a few drops or sufficient in quantity to produce the most grave symptoms, or even death within a few hours. The more central the attachment the earlier and more profuse the hemorrhage and the more grave the prognosis.

The diagnosis is usually made from hemorrhage alone occurring in the latter months of pregnancy and coming on without any apparent cause, but can often be confirmed during the later months by palpation per vagina, the boggy presenting placenta through a softened dilated cervix which usually exists in this condition during the latter months.

The prognosis for both mother and child is grave, much depending upon the early diagnosis and prompt action of the attending physician.

The danger to the mother are hemorrhage, sepsis and the shock of version, which is usually indicated in these cases and performed with the mother in a more or less weakened condition.

Hemorrhage being the principal factor in the case, it is well to consider briefly its cause. Anatomically the uterus is composed of the body and cervix, physiologically the body has two functions to perform during the parturient state, contraction and retraction. The cervix has but one function in this state, that of dilatation. In normal pregnancy the placenta is attached to that portion above Bandl's ring, the function of which is to contract, and it confines itself to this region and grows with that portion in its development for its time of supreme activity during labor, and under these circumstances we have no hemorrhage until the time of labor and its separation; but when the attachment goes beyond this area it becomes attached to that portion of the womb which retracts, and as the placental tissue is not a retractal tissue, there is a separation of the placental and uterine blood vessels, and hemorrhage in proportion to this separation; while if the attachment extends beyond to the dilating os, the separation and consequent hemorrhage is still greater.

I shall purposely omit the subject of treatment and proceed with the history and treatment of the case which I have mentioned, with the hope that in the discussion that is to follow this very important part of the subject will be fully covered.

Mrs. M., aged 35, multipara, third child, became pregnant during September, 1904. At the second month of her pregnancy she was taken with hemorrhage from the womb, which was accompanied with some pain in that organ. A physician was called, hypodermic medica-

Digitized by Google

tion was given, and the lady put to bed, where she remained for two days and then went about her work, the diagnosis given by her attending physician being that it was an arrested abortion.

A few months later, believing herself to be tubercular, she started to travel in search of health, and at the beginning of the sixth month of pregnancy, while in old Mexico and out of the reach of professional services, was taken with a severe hemorrhage from the womb and, to use her own expression, lost about a quart of blood. Remembering the treatment prescribed for the threatened abortion, she applied the same as best circumstances would permit, and was again on her feet in a few days, but realizing that her condition must be a serious one, she started at once for the states, and while in Arizona at the beginning of the seventh month was again taken with hemorrhage of the womb, called in a physician, who tamponed the cervical canal and cervix, administered hypodermic medication and soon had the hemorrhage under control. She experienced a similar condition at the beginning of the eighth month, and succeeded in controlling the hemorrhage very easily, although the flow was much more profuse than at any other time previous.

I was first called to see the lady at the beginning of the ninth month, or possibly a little prior to this time, and found her in bed, anemic, very much excited and with a profuse hemorrhage which she said hed come on during her sleep. I at once administered hypodermically fifteen m of the one to one thousand adrenalin solution, together with one-quarter gr. morphine, and tamponed the vaginal vault about the cervix as best I could, and soon had the hemorrhage, which had been profuse, and I should guess two pounds in quantity, under control.

When making my examination prior to the treatment, I found a very soft and slightly dilated cervix, and thought I could palpate a placental attachment on the woman's right of the womb, and diagnosis of a case of placenta praevia marginalis, which I was enabled later on to confirm.

I at once advised the husband of the condition and the necessity for immediate delivery, and had little trouble in securing his consent, but with the lady herself it was different, and no amount of explanation would get her to submit to the procedure, so it was arranged that I should see a second physician and explain the condition and we should arrange our business in such a manner that one was in attendance practically all the time, as we did, the woman residing near to our offices and residences. The lady was soon up, and with minor bleeding had no further trouble for something over a week, when I was again called and met with experiences similar to that of my first visit. I again urged immediate delivery and was denied the privilege. Two days later, at 11 o'clock at night, I was again called, found there had been quite a hemorrhage, which had partially ceased, and that the woman was in labor with the os dilated to the size of a quarter, the placental margin palpable and the pains regular but ineffective. I notified the other physician that he should not leave, and sat down and concluded to wait, having gotten everything in readiness should it be necessary

Digitized by Google

for quick delivery. The pains kept up regular and weak, and with little hemorrhage, and apparently no progress, until five in the morning, when there was a torrent of blood, and I commenced the administration of an anesthetic, and sent for assistance, which was on hand in a few minutes. We commenced delivery with the woman only partially under the influence of the anesthetic. The cervix was easily dilated, the pelvis very roomy, the membranes intact and an unusual amount of amniotic fluid, and the case could easily be distinguished as one of placenta praevia partialis. I went around the margin of the placenta and performed version with little trouble, and continued traction, and, much to my disgust, found the chin rotating anteriorly, which I now believe was due to the fact that as I gave traction it drew the protruding placenta into the pelvic inlet. However, owing to the large size of the pelvis it took but a short time to correct the position, and the child was soon delivered, very cyanotic and apparently lifeless, except that the heart was still beating. The hemorrhage had entirely ceased, and I gave my entire attention to the child, and continued to perform artificial respiration and other means of resuscitation for fully a half hour, when we were rewarded with a slight gasp as the first sign of success, and it was then but a few minutes until the child seemed to be in a fair condition, though it was still bleeding from the nose and mouth. We then turned our attention to the mother exclusively, my assistant in the meantime having administered a saline effusion, and the placenta was easily delivered, though slightly adherent, and the mother's pulse began to improve rapidly.

During all the time of delivery of both the child and placenta we were not assisted once by a contraction of the womb.

The mother and child both had an uneventful recovery, and are today in good health. The important features with which this case has impressed me is:

(1) The utter folly of delay in these cases when a diagnosis has once been made, as interference must come at some point if for no other reason than ineffective pains. But, of course, we must wait for the consent of the patient.

(2) That in no case should we cease to labor with a new born child to resuscitate it as long as the heart still flutters. Had I had this experience years ago I might have saved at least one child where, I fear now, we stopped our efforts too soon.

(3) That an arrested abortion in all probability is the most frequent cause of this condition. This has been impressed upon me by the plain history we have in this case, together with the one of which I spoke previously.

Digitized by Google

OREGON PRACTICALLY AN UNORGANIZED STATE

Republished from the A M. A. Journal

By J. N McCORMACK, M. D.
Bowling Green, Ky.
Chairman of the Committee on Organization of the American Medical Association

Being an amiable optimist by nature, adverse criticism of any one, and more especially of those who have been kind to me, is always a difficult and unpleasant task. Still, I conceive it to be my duty after visiting a state in my official capacity, kindly and subject to correction always, but frankly and without fear or favor, to discuss professional conditions just as my investigations revealed them. In fact, years of experience have convinced me that this is the only course to pursue where reforms are to be hoped for, and that if it is done in the proper spirit, and is supplemented by such practical suggestions as may seem pertinent, and may prove helpful, it will never be misunderstood.

Outside of Astoria and Clatsop County there is little real organization in Oregon. Factionalism in the profession in the city of Portland, led by rival surgeons and other specialists, is almost entirely responsible for this demoralization in the state. In my opinion there is no hope for improvement until this is recognized and this strong and excellent profession can be harmonized and united for its own and the public good, in accordance with the modern spirit of organization.

They have a live society of the old sort, honeycombed with and dominated by rival factions, most respectful and decent in form and expression, as might be expected from such leaders, but so evenly balanced and alert as to consume nearly all of their public energies, and so evidently personal and selfish as to fail to enlist the support or to command the confidence of the rank and file of the profession of the city or state for either side, and to effectually bar progress for it as a whole. The information came to me from various sources that many of the most active and influential physicians were outside of the society, some because they were kept out by factional jealousies and more because membership did not seem desirable under existing conditions. For instance, when it was suggested in my opening talk that a united profession ought to enlist the support of the press in the proper education of the public in regard to health and medical affairs and in the warfare against quackery, and that the family physicians of the leading newspaper men be put on a committee to confer with them, it developed that the physician of the most prominent editor of the state had been repeatedly blackballed by the society and hence could not well be asked to serve in this capacity.

These statements will come as a surprise to members of the Association who attended the Portland session and enjoyed the hospitality

Digitized by Google

of the profession of that beautiful city. This surprise was only intensified with me when the opportunity came for a more extended and personal acquaintance, and inquiry has confirmed my first impression of the high character and capability of the very men who were contributing most to the discord which is proving so disastrous to the best interests of the profession and people of their city and state.

To appreciate the extent to which these unfortunate professional conditions in Portland affect the state, it should be remembered that it is the only great center of population and commercial metropolis in Oregon, and that this city dominates in legislative and all other affairs to an extent which would be possible in few other states. And the state reflects the conditions found in the city very accurately. They had paper organizations in every county or district visited by me, meeting at long intervals and thought important chiefly as a means of keeping up membership in the state and national organizations. There were a few good men everywhere, but the average grade of the profession was low and the spirit non-progressive. Their law is weak and is so administered as to give quacks and pretenders no trouble. There was evidence on every hand that the schools of Oregon did not have high standards or requirements, and that their state examinations are such as to make this the dumping ground for low-grade men who fail to pass in the neighboring or even distant states. The fees are much lower than in any other state visited on this trip, and commercialism—division of fees, lodge and other forms of contract practice, and similar evils—was more pronounced and widespread. I heard many apparently reputable men say over and over again that they would not think of sending a case to any surgeon who would not divide his fees with them. Similar expressions and other evidences of improper or defective methods inseparable from an unorganized profession were heard and found frequently. In the same locality would be found men of high attainments and character, natural leaders, who could easily become the backbone of a county society and make almost anything possible to the profession.

I urged such local organizations in every county where there were as many as three or four live physicians as would make their society a place for joint study, in effect a post-graduate or review school, and a social and business club. After they are thoroughly united and ready for it, I advised that the bar, ministerial, teachers, druggists' and other similar local associations be invited to meet with them for such discussion and joint instruction as will promote a co-operation so essential to the highest development and usefulness of our profession. I advised that legislators and other officials be especially invited to take part in these discussions in order that they may appreciate how largely the profession is influenced by purely altruistic motives in its efforts to secure and to enforce medical and health legislation.

I attended and addressed meetings at Astoria, Portland, The Dalles, Salem, Albany, Eugene, Grants Pass and Medford, covering all except the eastern end of the state. Dr. Hamilton, the active and courteous Secretary of the State Association, gave prompt notice of the meetings,

Digitized by Google

and as the medical population is practically confined to the towns, the meetings were fairly well attended.

The Astoria and Clatsop County Society is entitled to special and honorable mention, not only because it is an oasis in Oregon, but because it would be a credit to the profession in the best organized states. It is almost three years old, with every physician in the county, including two former homeopaths, and, I believe, one eclectic, enrolled as members. With the exception of one, who lived twelve miles away, on the opposite side of the Columbia River, and was hindered by a fierce storm, every member was in attendance at the meeting held for me. Three circuit judges, the bar association and other laymen were present and took a leading part in both the discussion and the banquet which followed. These laymen had attended former meetings and contributed much to the interest and usefulness of the society, especially in the adjustment of the business affairs of the profession. The leaders of the profession in this county had grasped the co-operative spirit of this reform movement in a practical way at the outset, and as soon as the State Association adopted the new plan, decided to give themselves the benefit of it. After a few conferences they succeeded in substituting harmony and co-operation for the discord and antagonism which had been as pronounced there in the past as it could have been anywhere. After uniting the profession solidly they abolished all lodge and contract practice in one week's time. A little later they revised their schedule of fees and put collections and the other business affairs of the profession on a modern basis, satisfactory alike to themselves and their patrons. They were most responsive to my suggestion for frequent meetings and systematic study, and promised to take prompt steps to this end, and also to enter into co-operative educational work with the other learned professions and the public generally. Altogether this impressed me as one of the most united and promising local societies to be found in any part of the country. If the profession of Portland could be induced to unite in this work, and would expend the energies on it in the future which its leaders have wasted in the past, the foundations for real organization could be laid before the next annual meeting of the State Association, and plans made for legislative and other much needed reforms. Many of the smaller counties could undertake the work as successfully as Clatsop County did, without the assistance of Portland, and with the profession there in discord, but I got the impression that a majority of them would not do so.

My personal experience in Oregon was most pleasant. Mrs. McCormack was with me everywhere, and the physicians and their families vied with each other in contributing to our entertainment and comfort. I am tempted to mention individuals in this connection, but the hospitality was so general and generous that this will not be attempted. If a profession with such leaders could only be unified everything would be possible to it, and it is in the hope of arousing them to this duty that I have hesitatingly and reluctantly expressed these criticisms.

Digitized by Google

Medical Societies

Portland City and County Medical Society.

The regular meeting was held December 6, 1905, Dr. N. H. Skene in the chair.

Dr. R. C. Coffey read the paper of the evening on "The Responsibility of the General Practitioner in the Treatment of Appendicitis."

Following is an abstract of the paper:

In dealing with the family physicians of the different parts of the country, the writer has been impressed with the wide difference of interpretation of what constitutes the modern and most approved method of dealing with appendicitis. Some still cling to the old idea that it is best under no circumstances to operate during an acute attack of appendicitis and have interpreted the so-called Ochsner treatment to mean this. Others interpret the Ochsner treatment to mean that it is all right to operate to the end of thirty-six hours, but think that thirty-seven hours would be too long, regardless of the condition or the circumstances. Another interprets the Ochsner treatment to mean a condition rather than a fixed time, but will discuss the hour or fixed time in the presence of the patient and thus have practically the same effect upon the public, generally, as if the doctor were an adherent to the certain date theory. Another class advocates that under the treatment of a good surgeon, favorable circumstances and surroundings, all cases should be operated upon as soon as the diagnosis is made, except in cases of extreme shock or in which the patient has already taken a turn for the better, but believes that the majority of physicians without experience will probably save more lives by using the rest treatment advised by Ochsner, than by operating under unfavorable circumstances. The fifth class includes those who say operate as soon as the diagnosis is made without regard to the surroundings of the patient or the qualifications of the doctor.

Each of these views is put forward to the general public by the surgeon. The consequence is that neither the family physician nor the people know what to do. Therefore the patients, even under favorable circumstances, frequently reap the results of the adage, "He who hesitates is lost." All of these views tend to produce, or to reflect themselves in the minds of the public. When we simmer it down closely, we find that the people are ready to do almost anything that an unanimous profession asks. Taking isolated cases, many doctors will dispute this, stating that the people will frequently take the advice of an old "granny" woman instead of that of a doctor. This is due to the fact that the old "granny" woman and friends have a family physician who has a different opinion.

We will probably not be able to arrive at a definite method of procedure so that we can give definite advice until years have elapsed and many accurate statistics have been gathered. Taking the surgical treatment of appendicitis to date, it is questionable whether more lives have been saved or destroyed by the use of the knife. I am inclined to think that more have been destroyed. I predict that the future will show much better results by surgical treatment than by medical.

Barrett last year gathered statistics which go to prove by the vital statistics of Chicago that during the first three or four years of surgical treatment, the mortality of appendicitis in-

Digitized by Google

creased. From the year 1895 it has gradually diminished in fatality. Murphy, in his great article on appendicitis, segregates his two thousand cases into groups of one hundred each. The first hundred had a death rate of 11 per cent., gradually diminishing until the meeting of the A. M. A. in 1896, when a protest was made against peritoneal surgery, when his mortality again went up in the year following to 7 per cent. again. After the conservative agitation in 1902 it rose to 6 per cent. Since that time it has gradually diminished until the last hundred cases show a mortality of 2 per cent.

The statistics of this paper were obtained by writing to all hospitals in the United States having a capacity of more than fifty beds, for either 1903 or 1904 reports. Three hundred reports were received. Only 179 gave mortality statistics. Hence, reports are based upon these. All reports having mortality statistics have been included. In tabulating these hospitals, they have been arranged in five groups with relation to the number of cases of appendicitis treated during the space of one year. Class No. 1 includes all hospitals treating one hundred or more cases of appendicitis in a year. In this class there were 41 hospitals, 7720 cases were treated, by 589 staff doctors, making an average of 13 cases for each, with 488 deaths, or 6.3 per cent. mortality. Class No. 2 includes hospitals treating 75 to 100 cases of appendicitis in one year. Of these, there were 17 hospitals, 1457 cases treated by 207 staff doctors, making seven cases per doctor, with a mortality of 98 patients or 6.7 per cent. Class No. 3 includes hospitals treating from 50 to 75 cases. Of these there were 31 hospitals, treating 1927 cases, by 308 staff surgeons, or six patients for each, with a death rate of 136, or 7.1 per cent. Class No. 4 includes hospitals treating from 25 to 50 cases of appendicitis in one year. Of these there were 42 hospitals, 1613 cases treated by 704 physicians, or 2.7 patients per doctor, with 170 deaths, or a mortality of 10.5 per cent. Class No. 5 includes hospitals treating from 1 to 25 cases of appendicitis in one year. Of these hospitals there were 48, treating 720 patients, having 623 staff surgeons, or one and one-sixth patient per surgeon, with 100 deaths, a mortality of 13.7 per cent. In all the 179 hospitals there were 13,445 patients treated by 2431 staff doctors or 6.5 patients per doctor, with a mortality of 7.4 per cent.

These statistics seem to prove, first, that the general mortality is much greater than has been estimated by Dennis and others, when surgical treatment is used. Second, that in a general way, the mortality gradually but steadily increases as the experience of the operator decreases—the operators having only one and one-sixth patient per year, on an average, having mortality more than twice as great as the surgeons having 13 cases per year.

The statistics of six of the greatest operators of the country show an approximate mortality of 3.5 per cent. or about one-half the mortality of the general average of the hospitals given, or about one-fourth the mortality of the operators doing the least work. Mortality by medical treatment, by various authors, both medical and surgical men, is variously estimated from 10 to 16 per cent, averaging about 13 per cent or a little less than the surgical staff of the hospitals treating fewer patients.

Figuring from the Chicago vital statistics as compiled by Barrett, the deaths from diseases now known to be appendicitis, in 1890, in a popula-

Digitized by Google

tion of 1,099,000, were 236, a mortality rate of 21 per 100,000. In 1904 there were approximately 272 deaths from appendicitis in a population of 2,272,000—a mortality rate of 12 per 100,000 population. Reduction in death rate from 1890 to 1904, 43 per cent. Estimating that the average hospital death rate of the United States, 7.4 per cent., would represent the death rate of Chicago for 1904, the number of deaths (272) divided by .074 would equal the number of appendicitis cases, or 3675. This, divided by the population of Chicago, makes sixteen ten-thousandths, or one case of appendicitis to every 625 population. Estimating the population of the United States at 84,000,000, there were during the year of 1904, 134,000 cases of appendicitis in the United States. If these had all been treated in hospitals having a capacity of more than 50 beds by surgeons having 6.5 patients each, the deaths would have been 9945. If treated by the half dozen mentioned as having a mortality of 3.5 per cent., the mortality would have been 4704. If treated by the doctors in hospital class No. 5, there would have been 18,412.

These statistics will show that the physicians of the United States will each see about one case of appendicitis per annum.

In studying the literature, practically all surgical authorities agree that the mortality of appendicitis, if taken early enough and treated surgically by competent hands, under favorable circumstances, should be but little more than ordinary surgical contingencies, or from one-half to one per cent.

In weighing responsibility, I think we may safely say to the family physician that appendicitis is essentially a surgical disease and it cannot be said that medical treatment may be successfully applied other than the promoting of absolute rest. Second, all authorities, both medical and surgical, agree on the one fact that the safest thing is immediate operation at the earliest possible moment. Third, practically all authorities agree that if the circumstances are not favorable for surgical work, the best medical treatment is the procuring of absolute rest and the arrest of peristalsis, and that probably the method used by Ochsner is the best.

From here on the subject is still in dispute. It seems that the family physician who has had no surgical training will have better results by using the rest treatment than by operating himself under unfavorable circumstances. The question of when to operate and under what circumstances, should be left to the one who is to do the operating—whether it be the physician himself or another operator. If the case is to be referred to a surgeon, the surgeon should be consulted at the earliest possible moment and he should decide as to the time for operating. Therefore, one of the great responsibilities of the family physician is in making an early diagnosis. Probably more depends upon this than upon any other one thing. A question which is probably more difficult for most physicians to solve, is who shall do his operating? It may sound well for altruists to unhesitatingly state—"Of course, the men who can do it best," but when we come to stare the question in the face, we must admit that every man has a certain amount of selfish ambition, some much more than others. Therefore, he has two or more questions to decide instead of one. First, what is the best for my patient? Second, how am I to learn without experience?

Digitized by Google

Third, how am I to get experience without operating on my private cases?

So the family physician, as an ordinary human being, is forced to decide as to how much weight he shall give to the interest of his patient and how much to his own interest as he sees it.

Unquestionably, one of the great responsibilities of the family physician is the educating of the public as to the nature of this disease and its treatment as it is now revealed to us, and eliminating stumbling-blocks. I believe that when surgeons are doing their best work, when physicians are making early diagnosis, and have cleared the stumbling blocks from their minds and have taught the people until they understand the situation, our mortality in appendicitis will not exceed one and at the outside two per cent.

Dr. A. C. Smith opened the discussion. He considered the paper a fine one, containing statistics which required a tremendous amount of study; also that mortality was much higher where medical treatment was used, rather than good surgery, and no higher with the Ochsner treatment than in the hands of poor surgeons. This disease laid great responsibility on the surgeon, for if not capable of operating, and death should ensue, he was guilty of malpractice if not of manslaughter. The time to operate depends upon the condition of the patient, and not on any specific number of hours—immediately, if an early diagnosis is made. He believed it bad practice to operate at any or all times, as recommended by Deaver of Philadelphia, no matter how skillful the operator.

Dr. White said he recently visited Dr. Deaver's clinic, and out of 28 operations in five days, 23 were pus cases. He did not believe in those operating who only possess trifling skill.

Dr. Gillespie said he did not agree with the author of the paper that only persons of wide experience should operate, for many cases would suffer and perhaps die needlessly for lack of operation.

Dr. Coffey said in closing that he believed operating in appendicitis and similar conditions should only be attempted by those whose training has been gradual and thorough.

Case Report.

Dr. Buck reported a case of a female baby who had a bloody vaginal discharge and milk in the breast on the fourth day after birth. The discharge lasted two days. It was an easy labor; the mother became ill with puerperal septicaemia.

December 20th, 1905, the following persons were elected to membership: J. A. Stewart, J. S. Moore, J. S. Courtney, H. T. Ong, C. C. McCormack.

Pathological Specimens.

Dr. Wm. House showed a brain containing carcinoma of upper surface, right frontal lobe, two inches in all diameters, which was marked by rapid growth, large size and lack of localizing symptoms. The first symptoms were noted in January, 1905; died in July. The only history suggesting that this tumor was not primary was that 22 years ago the patient had a cancer removed from the left hand. No other mestastases noted. This specimen was exhibited as a preliminary to the paper of the evening.

Dr. K. A. J. Mackenzie showed a right kidney removed ten days before, containing several lobulated discrete abscesses. The kidney very adherent, no bleeding on separation of renal pedicle. Five years ago the patient had attack of renal colic, right side, dysuria and hematuria; later steady

Digitized by Google

pain in side and blood disappeared. The patient noticed heavy sediment in urine. Was treated with very little relief. Three years ago, diagnosis of cystitis was made, and treatment for this gave no relief. On exposing kidney, distinct fluctuation could be made out at various points along cortex. The speaker considered the case one of pyelonephritis, not tuberculous.

Dr. Jefferson showed specimen of gastro enterostomy done for gastric ulcer one year ago. The organ was removed from patient, who died recently of tuberculosis. The opening was large and potent; the line of union firm, but there is a line of ulceration around sutures. The original ulcer was still present, and also other small areas of ulceration throughout the stomach. Patient had improved somewhat as to symptoms; had had no signs of vicious circle.

Dr. Wm. House then read the paper of the evening on "Diagnosis and Localization of Brain Tumors," which will be published in the next issue of the Medical Sentinel.

In the discussion of the paper, Dr. Binswanger said that the study of brain tumors was mainly of scientific interest, as nothing can be done for them, medically or surgically.

Dr. Mackenzie agreed with the author as to the relative ease of diagnosis, and that such lesions were frequently overlooked, and thought that localization was not so very difficult, except to decide whether lesion were cortical or medullary. He asked if brain tumors were often primary, and in what part of the brain metastases most often appeared. Dr. Mackenzie related the case of a young man who was taken sick one Sunday with indigestion and headache, and on Monday and Tuesday he had a slight fever and headache; on Wednesday he awoke and found that power of motion and sensation were gone in the lower right leg beginning one inch below the knee. In a week sensation and motion returned perfectly.

Dr. House said he did not agree with Dr. Binswanger that diagnosis of brain tumor was of scientific interest only. He felt it a matter of vast importance to come to a definite diagnosis in these cases to relieve suspense and save unnecessary and useless treatment which at best was only palliative. He had found that few cases were correctly diagnosed before coming to the specialist. Dr. House thought the case referred to by Dr. Mackenzie must have been due to either a submeningeal hemorrhage or a slight localized unilateral meningitis of the bulb. He believed that metastic growths were frequent and that no regions of the brain were exempt.

Dr. Giesy spoke of Dr. McCormack's article in the Journal A. M. A. referring to the Oregon profession. He thought it unfair, and that the Society should take the matter up and answer it in a broad-minded way.

The consideration of the matter was postponed to the next meeting.

At the regular meeting of the Portland City and County Medical Society on January 3rd, there was a large attendance of members to discuss the medical conditions in Portland, based upon the criticism of Dr. McCormack in a late issue of the American Medical Association Journal, which article is published in this issue of the Sentinel.

Dr. Henry Waldo Coe presided. The Chairman, in introducing the subject, said that some of the remarks of Dr. McCormack were true, but he had certainly done an injustice in some parts of his article, to a city which had just

Digitized by Google

shown, by giving a great entertainment to the Association, how united the profession was.

Dr. Binswanger said that the information Dr. McCormack gained must have been gained from outsiders. He felt that a great injustice had been done this society. The profession works as harmoniously in Portland as in any city in the country. It cannot be expected that a body of 200 to 300 men could get along without some friction, but he did not believe that there were more than four or five well known physicians, in good standing in Portland, who were not members of the local society. Although Dr. McCormack was told by Dr. Josephi when attending a meeting of this society last summer, that the profession here is harmonious, he persisted in stating that the reverse is the case. Dr. Binswanger believed that a committee should be appointed to draft resolutions and forward them to the A. M. A. Journal for publication, refuting the erroneous statements that had been made by Dr. McCormack.

Dr. Wm. Jones said he believed that they attached too much importance to the article of Dr. McCormack. In traveling over the country he is representing a small coterie of individuals whose local habitation is Chicago, and who own the A. M. A. Journal. There is a big company of men in the country, made up of the best physicians, professional men numbered by the thousands, and they are organized and controlled by the men who run the Journal. They collect hundreds of thousands of dollars and do not use it for the benefit of the medical profession who pay the money, but for the benefit of the little Chicago coterie. The profession is organized for the benefit of this coterie. When the Association holds a meeting, this coterie, instead of spending the money they have collected for the expenses of the Association, compel the local profession to pay the expenses, as was done in Portland. Not one cent of the expenses of the late meeting was paid by this coterie. They send Dr. McCormack out here and attempt to dictate to us what our membership shall be made up of. We are better prepared than are the men in Chicago to tell what the personnel of our society should be. They want a large membership—everybody in—so as to furnish more subscribers for their journal. The editor of the Journal, and the entire clique, are hostile to this section, as was shown last summer. They were opposed to having the meeting here in the first place, and after it was decided to have it here, they wanted it changed on the ground that we would not have facilities for caring for the members.

Dr. A. C. Panton believed that Dr. Jones had struck the key note, and it was a little clique in Chicago that is trying to boom their journal. He believed that the Portland society had been liberal enough in admitting membership to its ranks. He did not think Dr. McCormack had been fair or truthful in his statement that this state has been a dumping ground for poorly qualified physicians. About 50 per cent of the applicants at the last meeting of the medical board failed to pass—a fact that did not bear out Dr. McCormack's statements.

Dr. A. W. Moore said that he had been a member of this society for 22 years, and this was the first time he had heard that there were dissensions. Dr. McCormack had been a guest at our table, and had gone away and said that our cooking was not good.

Dr. F. Cauthorn said that Dr. McCormack had formed a judgment without a thorough acquaintance with the conditions of things in Oregon. Un-

Digitized by Google

doubtedly we are open to criticism, but at the same time the profession strikes and maintains as high a level here as in any other part of the country.

Dr. S. E. Josephi addressed himself to the criticisms launched by Dr. McCormack against the medical schools of Oregon. He said that Dr. McCormack made no personal investigations which would warrant him in saying that the schools were behind the times, and all his information he got second hand. The medical department of the State University has kept well abreast of the advances made by other schools in requirements for admission, curriculum and facilities for doing work. Clinical facilities here are ample. There is no superficial work done in the school. The doctor moved that a committee be appointed to draft resolutions and make rejoinder to Dr. McCormack's article, the committee to consist of Dr. K. A. J. Mackenzie, Second Vice-President of the A. M. A.; Dr. Geo. F. Wilson, President of the State Society; Dr. Henry Waldo Coe, President of the Portland City and County Medical Society, and Dr. Carll, Chairman of the State Board of Medical Examiners.

Dr. Curry severely criticised Dr. McCormack for his statements concerning the State Board of Examiners.

Dr. Rand believed that the motion of Dr. Josephi was a proper one to adopt.

Dr. Mae Cardwell thought that the men were well able to take care of Dr. McCormack, and the ladies were in accord with the criticisms that had been made.

Dr. Giesy said that he did not believe in being walked over, and he believed that the feeling of the members of the society should be forcibly and dignifiedly expressed.

Dr. K. A. J. Mackenzie said that we were all charmed by the manner of Dr. McCormack, and were inclined to pat him on the back for the good work he had done. There was a good deal of truth in what Dr. McCormack had said. There is factionalism in the profession; he would not say it is unwholesome. He believed there was factionalism in all societies. Partly on account of this factionalism the society has been highly successful. It has done a tremendous amount of work. There are some men who are disturbers—perhaps he was one; sometimes he believed he was. Dr. McCormack says that the best element in the profession is outside the pale of this society. Dr. McCormack owes the society an apology for what he says along that line, and it should be demanded of him. The best element of the profession is in the society. The only qualification a man needs to get into this society is that he shall be half-way decent. The records of the society prove that fact. When men are blackballed, it is because they are not worthy of membership. Dr. Mackenzie spoke on behalf of the schools, and insisted that Dr. McCormack's statement regarding them was incorrect. When he states that the average of the profession is low and non-progressive, he states that which is untrue and libellous. The class of men Dr. Mackenzie had met who have graduated from Kentucky made a much lower average of intelligence than the graduates from the schools in Oregon. As to the American Medical Association, it is wrong to rise in rebellion against the society. There is no graft in the organization. The affairs of the Association are administered in Chicago honestly and fairly.

Dr. Bell said the American Medical Association ought to be of great benfit to the doctors of the country. But

Digitized by Google

it would be remembered that four years ago a gentleman came to Portland, representing the Association, soliciting members and did excellent work. He took sick, went to a Portland hospital, and died. Dr. A. D. Mackenzie went into his own pocket and paid his funeral expenses. The Association refused to pay a cent towards them, and Dr. Mackenzie bore the burden himself. That is the kind of men that are running the affairs of the Association, and the speaker was glad of an opportunity of expressing his views regarding them.

Dr. Coe, in speaking of the policy of the local society in admitting members, said that such policy was entirely different from that of the A. M. A. and of every affiliating society that he knew of, state or county. The new code makes it no longer a question as to what school the graduate comes from, so long as he is a thoroughly educated gentleman, capable of passing the state examination and of practicing medicine. Even in New York, where the most bitter feud existed for many years, the seceders who went out from the state society because they had refused to recognize and counsel with other than fellow graduates, have again returned to the fold. There is no longer any further discussion or bitterness there over that point. The speaker believed that the ultra-conservative element of Portland should give way before the progressive spirit of the times.

Dr. Tucker, Dr. Carll, Dr. Courtney, Dr. Coffey, Dr. Walker, Dr. Tilzer, Dr. Harry McKay and Dr. Wahls took part in the discussion, and after passing the resolutions of Dr. Josephi, the meeting adjourned.

Central Willamette Medical Association.

At the annual meeting of this Association, held at Albany on the 7th of December, the feature of the evening was the annual address delivered by Dr. B. F. Cathey, of Corvallis, the subject being, "The Physician and His Relation to the General Public."

During the evening Dr. Burnett, of Shedd, presented a boy suffering from a nervous affection. The case was thoroughly examined by the physicians present, and exhaustively discussed.

The election of officers for the ensuing year followed, and the officers elected were: President, Dr. M. H. Ellis, of Albany; Vice-President, Dr. A. G. Prill, of Scio; Secretary, Dr. W. A. Trimble, of Albany; Treasurer, Dr. A. Stark, of Albany; Censor, Dr. C. H. Newth, of Philomath.

OBITUARY.

The death took place on December 3rd, at Spokane, Wash., of Dr. H. P. Montborne, of nephritis, after an illness of seven weeks. Dr. Montborne had practiced in Spokane for fifteen years, and was credited with introducing the use in that city of antitoxin in diphtheria. Dr. Montborne was born in France, and came to the United States in 1880, first settling in California. He was 57 years old at the time of his death.

For the control of nasal hemorrhage tampons can be readily prepared as follows: A layer of cotton is wound around a penholder or similar object until the desired thickness is obtained and then withdrawn. The cotton cylinder is then moistened. squeezed dry and inserted into the nasal cavity. If the projecting end of the tampon is now moistened it will swell up and thus produce sufficient compression.—International Journal of Surgery.

Digitized by Google

Book Reviews

Le Fevre's Diagnosis. A Manual of Physical Diagnosis, including Diseases of the Thoracic and Abdominal Organs. For Students and Physicians. By Egbert LeFevre, M. D., Professor of Clinical Medicine and Therapeutics in the University and Bellevue Hospital Medical College, Attending Physician to Bellevue Hospital and to St. Luke's Hospital, New York. New (2nd) edition, thoroughly revised and much enlarged. In one 12mo volume of 479 pages with 102 engravings and six full-page plates in black and colors. Cloth, $2.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The new edition of this book has been thoroughly revised and some of the sections entirely rewritten. New illustrations have been added, and noteworthy among the new features are the very complete revision of the chapter on Topographical and Relational Anatomy, and the new illustrations in this portion of the book—the new X-ray illustrations of the heart outlines and the new illustrations of cases of cardiac disease. The respiratory and cardiac sounds, their production and modifications, both normal and pathological, have been discussed more fully than in most books of moderate scope.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fourth edition, revised. Handsome octavo of 1135 pages, with 258 text-illustrations, and 32 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $6.00, net.

In three years, four editions of this work has been demanded—a fact that speaks for its great merit. The writer has persisted in bringing his book up to the latest knowledge. In the past few years the Roentgen rays, high frequency current and Finsen light have attracted great attention, and Dr. Stelwagon has given them the position in his work that their growing importance demands. With the desire to still further aid in a ready comprehension of symptomatology and diagnosis, a number of new text cuts have been added—most of them of the more common diseases; a few of rarer affections. Redundant material—or what appeared to be such—has been eliminated from this edition, in text and illustrations, and the size of the volume is only 17 pages greater than the prior edition. This work is certainly of great value to the general practitioner, and also to the skin specialist.

A Treatise on Diagnostic Methods of Examination. By Prof. Dr. H. Sahli, of Bern. Edited, with additions, by Francis P. Kinnicutt, M.D., Professor of Clinical Medicine, Columbia University, N. Y.; and Nath'l Bowditch Potter, M. D., Visiting Physician to the City Hospital and to the French Hospital; and Consulting Physician to the Manhattan State Hospital, N. Y. Philadelphia and London: W. B. Saunders & Company, 1905. Octavo of 1008 pages, profusely illustrated. Cloth, $6.50, net; half morocco, $7.50, net.

Before an American publisher issued this work, it had already gone through three editions in Europe, and

Digitized by Google

its success there called for an English translation. Messrs. W. B. Saunders & Company are to be commended for issuing this edition, simultaneously with the fourth European edition. The first edition appeared in 1894, the second in 1899, and tne third in 1902—indicating that in Europe it was valued as a standard work. The distinguished author has exhaustively considered all methods of examination for the purposes of diagnosis, and the explanations of clinical phenomena are given and discussed from physiologic as well as pathologic points of view, and with a thoroughness never before attempted in any clinical work. The examination of the stomach, sputum, feces, urine and blood are exhaustively treated. There is an article from the pen of Dr. Theodore C. Janeway, giving a brief review of the investigations of American and English observers upon the value of the clinical estimation of blood pressure, with a description of some newly devised instruments. Some of the new features in the chapter on urine examination are: Seliwanow's reaction for levulose, Bial's test for pentosis, and quantitative determination of urochrome after Klemperer. Osmotic pressure and cryoscopy of the urine are also discussed at length, and a description is given of Liebermann and Posner's method of staining urinary pigments. In the chemical examination much attention is directed to describing methods; and this is done so exactly that it is possible for the clinician to work according to these directions. The nervous system has been very elaborately detailed, giving a good deal of space to electrical examination. Many new illustrations have been added by the editors.

The Mechanics of Surgery, comprising Detailed Descriptions, Illustrations and Lists of the Instruments, Appliances and Furniture in Modern Surgical Art. By Charles Truax, Chicago, U. S. A., 42 Wabash Avenue.

This work of over a thousand pages seeks to illustrate and describe such mechanical appliances as research and experience have proved to be suitable or best adapted to the work of the surgeon. For a number of years the author has been in almost daily intercourse with physicians and surgeons, has been in frequent attendance at clinics in many parts of the world, has extensively studied text-books and journals as to this specialty of the preparation of surgical appliances and instruments, and he believes that this experience and knowledge has fitted him to fill a hiatus in modern surgical literature. Certainly there is a great field here for a skillful observer to compile a book, and there is no doubt but Mr. Truax has succeeded in collecting a great deal of most valuable information for the surgeon of today.

A Manual of Diseases of Infants and Children. By John Ruhrah, M. D. Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore. 12mo volume of 404 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Flexible leather, $2.00, net.

This little book has been prepared for the medical student, not to supplant the larger and necessary text book, but to enable the student to grasp quickly the more important parts of the subject of pediatrics, and to furnish him with a rapid reference book for clinical use. The thera-

Digitized by Google

peutics of infancy and childhood are outlined in a way that cannot fail to make for this work a place of first class importance in its field. Explicit instructions for dosage and prescribing are given, and a number of useful prescriptions are appended. All the illustrations are practical and include three inserts. There are many references to pediatric literature, affording the student an opportunity to ascertain the sum of knowledge on any given disease.

We have just received from W. B. Saunders & Company, of Philadelphia. the widely known medical publishers, an unusually attractive illustrated catalogue of their complete list of publications. It would seem that a list of the Saunders authors is a census of the leading American and foreign authorities in every branch and specialty of medical science. New books are being added and new editions issued with a rapidity that speaks well for the success and progressiveness of the house. We understand a copy will be sent free upon request.

Berg's Surgical Diagnosis. A Manual of Surgical Diagnosis. For Students and Practitioners. By Albert A. Berg, M. D., Adjunct Attending Surgeon to Mt. Sinai Hospital, New York. In one 12mo volume of 543 pages, with 215 engravings and 21 full-page plates. Cloth, $3.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Berg is exceptionally well qualified to furnish a most practical and useful volume on this subject, by reason of the fact that the surgical service of one of the largest and most perfectly appointed hospitals is, and has been for years, directly under his observation. This work is admirably adapted to the needs of the student, and equally valuable to the general practitioner or surgeon as a concise and trustworthy guide in the diagnosis of all surgical affections. The presentation by the author of the methods of diagnosis of kidney function, the diagnosis of diseased conditions of the kidney from the appearance of the ureteral orifice and the early diagnosis of tuberculous diseases of the articular ends of bones, will be of especial interest to every practioner of surgery. Needless to say, Dr. Berg has covered concisely the aseptic methods and improvements in operative technique which have during recent years aided greatly in bringing the internal organs within the range of successful treatment.

The Youth's Companion in 1906.

During 1906 The Youth's Companion will publish in 52 weekly issues seven serial stories, each a book in itself, reflecting American life in home, camp and field. Fifty special articles contributed by famous men and women—travellers, essayists, soldiers, sailors, statesmen and men of affairs. Two hundred thoughtful and timely editorial articles on important public and domestic questions. Two hundred and fifty complete stories by the best of living story-writers—stories of character, stories of achievement, stories of humor. One thousand notes on current events and discoveries in the field of science and natural history. Two hundred bright and amusing anecdotes, items of strange and curious knowledge, poems and sketches.

This is what The Companion offers its readers during 1906. And the quality of it is fully equal to the quantity. The paper is interesting

Digitized by Google

without being sensational, bright without being flashy, elevating and strengthening without being prosy—a paper for every member of the family.

A full announcement of the new volume will be sent with sample copies of the paper to any address on request. The new subscriber for 1906 who sends $1.75 for the new volume at once will receive free all the remaining issues for 1905, including the Double Holiday Numbers; also The Companion's "Minutemen" Calendar for 1906, lithographed in twelve colors and gold.

THE YOUTH'S COMPANION.
144 Berkeley Street, Boston, Mass.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., assisted by H. R. M. Landis, M. D. December, 1905. Lea Bros. & Co., Philadelphia and New York.

This invaluable publication closes the year with a volume of more than average interest. Dr. J. Dutton Steele, of the University of Pennsylvania, contributes an article on Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum. Dr. Wm. T. Belfield, of the Rush Medical College, writes on Genitourinary Diseases; Dr. John Rose Bradford, of the University College Hospital, London, on Diseases of the Kidneys; Dr. Joseph C. Bloodgood, of Johns Hopkins, on Anaesthetics, Fractures, Dislocations, etc.; Dr. H. R. M. Landis, on Practical Therapeutic Referendum.

A Text-Book of Physiology: for Medical Students and Physicians. By William H. Howell, Ph. D., M. D., LL. D., Professor of Physiology, Johns Hopkins University, Baltimore. Octavo volume of 905 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $4.00, net; half morocco, $5.00, net.

With a subject embracing so wide a range as Physiology, an author needs the ability to judiciously limit himself. At the same time, his work to be well received and fill its place must be comprehensive, if not exhaustive. Dr. Howell's latest book certainly meets both these requirements admirably. The researches being made in these days in physiology and the closely related sciences, are bewildering, and conclusions arrived at are in many cases exceedingly divergent. The author of this work is exceedingly competent to sift the very latest and the best evidence that has been offered, and to emphasize those conclusions that seem to be most justified by experiment and observation. This work seeks to show the student that physiology is a growing subject, knowledge of which is being continually widened, and its theories readjusted. To emphasize this fact, short historical outlines have been introduced from time to time, although the question of space has prevented the extensive use of such material. The illustrations in the book are especially valuable, which make clear the more intricate anatomic and physiologic mechanisms.

The Principles of Bacteriology. A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, and Director of the Laboratory of Hygiene, University of Pennsylvania. Seventh edition. 100 illustrations, of which 24 are colored.

Digitized by Google

Lea Bros. & Co., Philadelphia and New York, 1905.

Only within a comparatively short time have students and physicians been enabled to obtain the systematic instruction in this science that is of value in aiding them in their efforts to check disease. The rapid increase in the number who are availing themselves of these opportunities speaks directly for the practical value of the science. In preparing this book the author has kept in mind the needs of the student and practitioner of medicine, for whom the importance of an acquaintance with practical bacteriology cannot be overestimated. During the time that the various editions of this work has appeared, the problem that has chiefly engaged the attention of the foremost workers in the field of bacteriology is the old one of infection and immunity. The author has very successfully endeavored to acquaint the reader, in the present edition, with the manifold directions taken by these studies. The section on Methods has been fully brought up to date, and while not covering all the new technique, contains those procedures which have been tried and found trustworthy.

A Text-Book of Diseases of Women. By Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania. Second edition, revised and enlarged. Octavo of 741 original illustrations, with 701 original illustrations, many in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; Sheep or Half Morocco, $6.00, net.

This book is a most valuable companion volume to the author's "Text-Book of Obstetrics," the two volumes covering the whole subject of gynecology. It is based on a wide and long experience. The palliative treatment of diseases of women and such curative treatment as can be carried out by the general practitioner, have been given special attention, enabling physicians to treat many of their patients without referring them to a specialist. Throughout the book great stress has been laid upon diagnosis and treatment, and the section devoted to a detailed description of modern gynecic operations is exceedingly clear and concise. This edition shows a thorough revision of the edition that went before, with such new matter introduced as promises or has been demonstrated to be of permanent value. Forty-seven new illustrations have been added and thirty of the old ones replaced. Many of the 701 illustrations are in colors.

Inflammations of the pleura are so often of tuberculous origin that it is well to treat all these cases as if they were actually tuberculosis. Hence after operations upon the pleural cavity an antituberculous plan of treatment should be pursued and the patient kept under observation for some time.—International Journal of Surgery.

The transformation of uterine fibromata into malignant growths is comparatively common, and hence the possibility of such an occurrence should always be taken into consideration in the prognosis and treatment.—International Journal of Surgery.

To obtain the best results in cases of Colles's fracture the patient should be placed under an anesthetic during reduction.—International Journal of Surgery.

Digitized by Google

The Antiseptic Babe.

By Edna Kingsley Wallace.

We can sterilize his bottles, we can
boil his little mug;
We can bake his flannel bandages and
disinfect the rug
That envelops him when he partakes
of medicated air,
But there's one impossibility that
leaves us in despair,—
And a not unjustifiable one, you will
allow;—
Towit: we fear 'twould never do to
to sterilize the cow!

So we feed the baby Medicus's hy-
gienic dope,
And we wash his face with germicidal
antiseptic soap;
And we brush his little toofums—or
the place where they will be—
With diluted glyco-thymoline, most
sanitari-lee;
Then despair to see a milky efferves-
cence supervene
On a countenance which theretofore
was surgically clean.

Thus although we strive to conquer
every septic circumstance,
Yet we greatly fear a ghastly aliment-
ary mischance;
For albeit we bake and boil his things,
scrub and soak and souse,
As if in his anatomy forever cleaning
house,—
The recklessness with which he sucks
his vagrant tiny thumb
Imperils much his previous antiseptic
little tum.

We are careful of his hours, we are
thoughtful of his toys;
We are mindful of his sorrows, and
judicious of his toys;
We are prayerfully considerate of
needful discipline,
Of our little "Mother's Handbook" and
the precepts writ therein;
And we strive to render sterile all
designed for mouth or tum,
But one frightful danger menaces,—
we cannot boil his thumb!

—Harper's Magazine, August, 1905.

The Treatment and Care of Advanced Cases of Pulmonary Tuberculosis.

S. A. Knopf regards as advanced those cases of pulmonary tuberculosis that can no longer be classified as incipient or early. The advanced cases are divided into ambulant and bed cases. The former are those who are most of the time without fever, and in whom the systemic disturbances are only a little more aggravated than in the early stage. These may be treated as incipient, with the one exception, that if there is not satisfactory gain in weight they should be put at rest in bed or on the reclining chair, constantly exposed to the open air. The ambulant patients are the most frequent sources of infection, and the greatest care must be taken to train them to dispose of their sputum properly. Several plans for accomplishing this are described. The bed cases are subdivided into four classes, namely, sanatorium patients, hospital patients, home patients—well-to-do, living either in cities or country—and the consumptive poor, living in villages or in city tenements. It is a matter of great difficulty to find proper accommodations for such patients, as sanatoria are usually unwilling to receive cases that do not offer a favorable prognosis. The author outlines the essentials for the institutional treatment of such patients, and then describes a great number of plans for applying the fresh air principle in home treat-

Digitized by Google

ment. One of the most serviceable of these, especially in dealing with the poor in cities, is a device invented by the author, and known as the window tent. The patient lies on a cot with his head beside the open window, to which is attached a sort of internal awning. This is arranged so that it shuts off the patient's head from the interior of the room, and permits the latter to be kept warm while the effect is the same as if the patient were entirely out of doors. The plan has many advantages, both from the practical and from the medical standpoint. Other devices that are commended are ... Bull's Aerarium, and Dr. Kellogg's Porte d'Air. These are intended to serve the same purpose of permitting the patient to remain indoors, while at the same time he is enabled to receive fresh air as freely as if he were not in the house. The closing portion of the long and profusely illustrated paper is devoted to a consideration of the other hygienic and medicinal factors that must enter into the treatment, and many practical points are discussed ... reference must be made to the original.—Medical Record.

Papers Asked For.

The committee in charge of the International Medical Congress, which will be held in Lisbon from April 15 to 26, 1906, has written asking for the contribution of papers on the following medico-legal subjects, and saying that as yet no titles of communications touching on any of these subjects have been received from this country:

The signs of virginity and of defloration in medico-legal relations.

Hand marks and finger prints; their medico-legal importance.

The medico-legal importance of the carunculda myrtiformes.

The mechanism of death by hanging.

The value of bacteriologic examination of vulvo-vaginal discharges in the determination of venereal contagion.

The signs of death by drowning.

Ecchymoses in legal medicine.

Spontaneous and criminal abortions from a medico-legal point of view.

Medico-legal investigation of blood stains.

The relations between the seat of cerebral contusions and the point of application of the agent which produced them.

Epilepsy in legal medicine.

The induction of abortion; when is it permissible?

The value of legal medicine in the study of criminal law.

The best legislation for the protection of the "medical secret" (the obligation imposed upon physicians to treat as inviolable all information concerning patients obtained while in the discharge of their professional duties).

The effects of the civil and penal law towards the newborn living infant.

Distinction between the natural openings in the hymen and tears of this membrane.

Criminal vulvar copulation.

Organization of medico-legal services.

If any of the readers of this communication intend to take part in the discussions of this section of the congress, or to prepare papers for it on any of the subjects mentioned, or on any other subject in medicine or surgery, he should inform the Secretary of the American Committee.

RAMON GUITERAS,
Secretary American National Committee.
75 West Fifty-fifth St., New York.

Digitized by Google

Personal

Oregon.

Dr. E. W. Burns has opened an office at Estacada.

Dr. W. L. Cheshire, of Eugene, has been on the sick list.

Dr. A. G. Prill, of Scio, was a visitor in Albany last month.

Dr. Alex Corpron has moved from Cottage Grove to Medford.

Dr. E. B. Pickel, of Medford, was a Portland visitor last month.

Dr. N. L. Lee, of Junction City, was a visitir in Albany last month.

Dr. D. F. Lane, of Salem, was a visitor in Albany last month.

Dr. I. W. Starr, of Brownsville, was a visitor to Salem last month.

Dr. Louis Buck, of Portland, took a trip to California last month.

Dr. E. R. Seely, of Lostine, was a visitor at Enterprise last month.

Dr. I. W. Starr, of Brownville, visited during the month in Salem.

Dr. W. L. Parker has been appointed City Physician of Baker City.

Dr. C. T. Bacon, of La Grande, was a visitor in Pendleton last month.

Dr. Eugene Du Gas, of Roseburg, was a Portland visitor last month.

Dr. E. B. Pickel, of Medford, was a Portland vihitor before Christmas.

Dr. W. G. Cole, of Pendleton, called on his Portland friends last month.

Dr. F. M. Day, of Eugene, moved into new offices the first of the year.

Dr. D. W. Roos, of Manistique, Mich., is talking of locating at Toledo.

Dr. E. H. Brown, of Forest Grove, was a visitor in Portland last month.

Dr. C. T. Hockett, of Cottage Grove, was in Salem just before the holidays.

Dr. J. S. Parsons, of Ashland, recently visited friends in Oakland, Cal.

Dr. and Mrs. E. A. Sommer, of Oregon City, sail for Europe on the 13th inst.

Dr. C. M. Pearce and wife, of Sumpter, attended the Elks' ball at Baker City.

Dr. W. W. Oglesby, of Cottage Grove, was a recent visitor in Eugene.

Dr. W. L. Cheshire, of Eugene, has been on the sick list during the month.

Dr. A. Tilzer, of Portland, has returned from his trip to the Atlantic coast.

Dr. F. M. Day's friends at Eugene gave him a birthday surprise party last month.

Dr. K. A. J. Mackenzie, of Portland, has been elected president of the Arlington Club.

Dr. A. E. Tamiesie, of Salem, was a recent visitor in Portland and Washington County.

Dr. M. K. Hall, of La Grande, has returned from his trip through the southern states.

Dr. and Mrs. E. E. Cable, of Portland, visited last month with friends at McMinnville.

Digitized by Google

Dr. Geo. W. Biggers, of La Grande, visited during the holidays in Portland and Albany.

Dr. Alex Corpron has now got his family in Medford, and is nicely located in fine offices.

Dr. Leon E. Story is a new physician at Central Point. He is recently from Washington, D. C.

Dr. J. W. Fell, of John Day, is now in Honolulu. He will return home some time this month.

Dr. N. Molitor and wife, of La Grande, attended the Elks' ball at Baker City last month.

Dr. M. H. Ellis, of Albany, was a recent visitor at Brownsville, where he went to see a patient.

Dr. R. L. Gillespie, of Portland, is in Southern California on a vacation with his wife and daughter.

Dr. A. L. Richardson and wife, of La Grande, were among the visitors to the Elk ball at Baker City.

Dr. V. C. Belknap, of Prairie City, made a professional visit to Canyon City just before the holidays.

Dr. T. E. Slater, of Salem, has been appointed resident physician to the Chemawa Indian training school.

Dr. A. K. Higgs, of Heppner, has gone East to take a post-graduate course in eye, ear, nose and throat work.

Dr. M. L. Marsden, of Burns, was a visitor in Portland last month, where he visited a patient at a Portland hospital.

Dr. C. H. Atwood, formerly of Eugene, but now of Beaverton, recently looked after some professional calls at Hillsboro.

Dr. S. T. Vincent, of Tualatin, is suing Washington County for damages sustained by him when crossing a faulty bridge.

Dr. E. De Witt Connell and wife, and Dr. J. R. Weatherby and wife, of Portland, have gone to Europe for several months.

Dr. E. M. Anderson, of Sumpter, was in Baker City during the middle of the month, and returned home a full fledged Elk.

Dr. and Mrs. G. W. Gregg, of Wallowa, entertained all the ministers of the town, and their families, on Thanksgiving day.

Dr. M. H. Ellis, of Albany, was in Portland last month, assisting with an operation at one of the hospitals, on an old-time patient.

Dr. W. H. Ewin, of Union, has gone East, to take a post-graduate course. Dr. Deering has charge of his practice during his absence.

Dr. J. P. Tamasle, of Hillsboro, has purchased a farm adjoining town and proposes to cut it up into lots and sell it for suburban homes.

Dr. James H. Carrico, of Woodburn, has been spending some time in New York and Chicago, doing post-graduate work. He will return home this month.

Dr. Gail S. Newson is a newcomer at Laidlaw. He is a native of Crook County, and is a graduate of the Medical Department of the University of Oregon.

Dr. C. A. Cordiner, of Portland, has been writing letters to the papers

Digitized by Google

giving some expert views on the proper way to play football. He favors the Rugby rules.

Dr. C. J. Smith's many friends, in Pendleton and elsewhere, are congratulating him upon his election to the presidency of the State Board of Health. No better selection could have been had.

Dr. Alexander Reid and wife, of Ione, had a pleasant summer's trip to Scotland, whence the doctor hails. They took in all the sights of Bonnie Scotland, and have returned more than ever glad that they reside on the Pacific coast.

Washington.

Dr. Thos. Keefe, of Snohomish, has left for California.

Dr. Lewis R. Dawson, of Seattle, fell and broke his arm last month.

Dr. W. E. Fifield, of Tacoma, has had a serious illness, but is reported as better.

Dr. C. A. Owens, a former physician at Walla Walla, was recently attacked by a footpad in Seattle and seriously injured.

Dr. P. R. Brenton has taken the practice of Dr. A. V. Marion at Hatton. Dr. Brenton was formerly an army surgeon in the Philippines.

Dr. Luther M. Sims, of Kalama, while returning home from attending a patient, fell and broke his arm. He was unconscious for several hours as a result of the accident.

Dr. H. S. Naramore, of Stites, was a visitor in Kamiah last month. Dr. Naramore has passed the medical examinations of the states of Illinois, North and South Dakota, Idaho and Washington.

Idaho.

Dr. J. W. Givens, of Orifino, was in Lewiston during the holiday period.

Dr. and Mrs. Maxey, of Boise, spent Christmas with relatives at Caldwell.

Dr. and Mrs. F. A. Campbell, of Grangeville, spent the holidays with friends at Moscow.

Dr. R. L. Nourse, of Hailey, may locate in New York. The Idaho profession will suffer a serious loss by the removal of Dr. Nourse.

Dr. I. S. Collins, of Burke, has had the misfortune to lose his wife and family, two little girls, all in one year. The Medical Sentinel extends sympathy.

Dr. J. J. Hannberg, of Oakley, after a long period of 44 years in active practice in the profession, has decided to retire, and go to California, where he will hereafter live.

Montana.

Dr. Henderlite has moved from Joliet to Gebo.

Dr. O. Y. Warren, of Warm Springs, was a recent visitor in Anaconda.

Dr. C. R. Monahan, of Butte, spent the holidays with friends in St. Paul.

Dr. W. W. Andrus, of Miles City, made a hurried trip to Wisconsin at the close of the year.

Digitized by Google

MEDICAL SENTINEL

FEBRUARY
1906

Volume XIV **Number 2**

Notes

Albany is to have a new hospital, under the auspices of the Roman Catholics.

A new hospital is to be built in Coeur D'Alene. Work has already been begun on the building.

At the meeting of the Home Training Association of Portland, held on January 18th, Dr. Kittie P. Gray delivered an address on Contagious Diseases, How to Prevent Them.

The Attorney General of Oregon has rendered a decision to the effect that the students who failed to pass the late examination of the Medical Board are entitled to see their markings.

The city ordinances of the city of Bellingham, Wash., contain no provision for a city health officer, and it is no wonder that a move is being made to secure such an important official.

Dr. Webb, the Health Officer at Coeur d'Alene, has resigned, as he could not stand the red tape that had hedged him around, and that prevented him from accomplishing the results that are expected of him.

The new officers of the Snohomish (Wash.) County Medical Association are: President, Dr. I. P. Howard; First Vice-President, Dr. James Chisholm; Second Vice-President, Dr. E. M. Adams; Secretary and Treasurer, Dr. W. L. Gilbert.

Digitized by Google

The Salem Journal has no occasion to be proud of the alleged smartness of its headline artist who writes of students at the local medical college as "Young Sawbones."

The State Board of Health of Washington is getting after those physicians who are delinquent in sending in reports of the existence of contagious diseases.

A department store in Spokane has hired a local physician to look after the health of its employes. This is akin to the lodge practice methods which are opposed so strenuously in some counties.

BOSTON MEDICAL LIBRARY MAY 18 1907

Dr. Selover, of Eugene, writes to the local press giving reasons for the undue prevalence of typhoid fever in that city. He insists that the city ordinances relating to sanitary plumbing should be more rigorously enforced.

The newspaper reporters of Tacoma have been served with notice that their presence is not wished for at the meetings of the Pierce County Medical Society. Exaggeration, sensationalism and misrepresentation on the part of the reporters in the past, is the reason for this ruling.

Obituary.—Dr. Chas. Stewart Tripler died on the 13th ult. at a Tacoma hospital. Dr. Tripler was injured at Gig Harbor recently in a fire which burned his house, and he died as a result of those injuries. He had been a resident of Tacoma and Pierce County for fifteen years.

Post-Graduate lectures are being given weekly in Spokane, for the benefit of the doctors. The first of the series was by Dr. E. L. Kimball, on the Physiology of the Blood and by Dr. Frank Rose on the Pathology of the Blood. Both lectures were accompanied by microscopic demonstrations.

It is gratifying to note that President Roosevelt is thoroughly alive to the importance of legislation that will remedy the defects now existing in the medical service of the army. It is evident, too, that there is a stronger feeling in congress than ever, that something should be done to bring the service of the United States at least up to that which prevails in Japan.

Digitized by Google

In a recent issue of the American Medical Association Journal, Dr. Jay Tuttle, of Astoria, called attention to the fact that all the physicians of Clatsop County had agreed to make no medical examinations for life insurance applicants for less than $5. He wants to know if there is any other county in the land that can show such a record.

The Chehalis County (Wash.) Medical Association held its annual meeting on January 2nd and elected the following officers: President, A. S. Austin, Aberdeen; First Vice-President, T. J. Watkins, Hoquiam; Second Vice-President, J. Walston, Montesano; Third Vice-President, E. P. French, Elma; Secretary-Treasurer, I. R. Watkins, Aberdeen.

The Supreme Court of Washington refused to give a new trial or rehearing to O. V. Lawson, of Seattle, who was convicted of practicing medicine without a license. It is reported that the defendant will now seek to secure relief from the U. S. Supreme Court, but so far it has not transpired what federal question is involved, by which he can get into that court.

The people of Bellingham, Wash., are in a quandary over the question of City Physician. They have a health officer, whose salary cannot be raised above $900 a year. There are duties which, for so small a salary, he declines to perform, which it is believed should be turned over to another officer, to be called the City Physician. But the authorities who have the appointing of the additional officer, do not feel inclined to incur the extra expense.

The great sanitarium to be started in Seattle with vast capital, now turns out to be a Paneopathic institution—if anybody knows what that is. Presumably, it is an institution that will cure every known disease under the sun. One Marvin Earl Cox, formerly of Fargo, North Dakota, is the chief promoter of this new enterprise. The World's University of Paneopathy and the Puget Sound Sanitarium is the high-sounding title under which the institution will labor.

The Port Townsend physicians have made a complaint to the Secretary of the Treasury that marine hospital surgeons, in addition to their official duties, were more or less generally engaging in practice in the city, and because they rendered service for less than the regular fees, were materially interfering with the practice of the resident physicians. As a result of this criticism, the second surgeon of the hospital service has been removed elsewhere, and one surgeon hereafter will handle the government work.

Digitized by Google

The newspapers of Seattle are discussing Scrap Tobacco as a Menace to Public Health. It is contended that in some cigar factories fifty per cent of the cigarmakers are infected with tuberculosis or syphilis and that in some factories "these men are allowed to put the end of the cigar in their mouths when forming the tip." The question is being asked by our lay contemporaries why the authorities are so particular to have pure milk and clean foods, and let the cigars contain any sort of contagion that the conditions will allow.

The records of the Portland Health Department show the smallest number of cases during the past year of contagious or infectious diseases that have been reported in any like period for four years, notwithstanding the increase of population. Measles had first place, with 199 cases, while whooping cough is the lowest with only four cases reported. Notwithstanding the smallpox scare, the total number of persons affected with this disease was 59. Of all diseases within this category there were 688, as compared with the following totals for previous years: 1904, 942; 1903, 1265; 1902, 898; 1901, 1207.

Eight applicants for licenses to practice medicine and surgery in the state of Oregon failed to pass the examinations that were held by the State Board of Medical Examiners January 2, 3 and 4. Those who passed the examinations were as follows: Drs. C. E. Barton, I. B. Bartel, H. E. Clay, J. A. Corn, R. H. Ellis, J. H. Fairchild, T. J. Fostrom, G. W. Hawkins, J. W. Huff, V. S. Isom, R. C. Kelsey, H. O. Hickman, S. M. Mann, M. B. Marcellus, Mrs. M. N. MacLafferty, J. R. Martin, W. S. Mortensen, J. McChesney, G. O. Pelgram, J. Richmond, E. B. Stewart, L. E. Story, A. Thomas, J. O. Van Winkler and A. M. Webster.

The physician who is looking for a location, should consult the Medical Exchange Bureau page of the Medical Sentinel. Most of the openings that are advertised in these columns from month to month are available only for men who have some capital, and who have had enough experience to enable them to take sole charge and responsibility of an established practice. Excellent opportunities are frequently offered to the young man who has had some experience as an assistant to an established practitioner; and the new comer to the state, who is looking for an opening will also find it to his advantage to consult these advertisements.

Beginning with the new year, the Oregon State Board of Health proposes to enforce more rigorously the state law for the eradication of infectious and contagious diseases, and for the collection of vital statistics. Physicians and midwives who fail to make reports such as are required; undertakers

Digitized by Google

who bury corpses without a proper certificate from the physician; parties who fail to report the existence of diseases which the law requires them to report, will be prosecuted. In the past the law has been more honored in the breach than the observance in many localities, and the board is doing well to secure its enforcement hereafter.

The King County Medical Society, with headquarters at Seattle, has got mixed up in a quarrel with Editor Blethen of the Seattle Times. It appears that Mr. Blethen was asked to attend the annual banquet of the society, to be held on the 8th of January, and deliver an address on the subject of "How can the Press Advance the Interests of the Medical Profession?" Editor Blethen is a gentleman of varied experiences in all parts of the United States, and is fully competent to deliver an able address on this subject—if he wanted to. All was going well, and Editor Blethen was getting his speech ready, when he was visited by a delegation of physicians and, according to the Times, they "demanded" that the editor refuse to continue to publish a certain quack advertisement that was appearing in its columns. It is probable that the Times has rather exaggerated the attitude the committee of physicians took when they appealed to him. However that may be, there were some unfriendly sentiments expressed, and the invitation to attend the banquet was withdrawn. Now there is war on between Blethen and the society, which is to be deplored.

Dr. E. A. Pierce, who has recently taken charge of the Open Air Sanatorium at Milwaukie, has the following to say: "The Sanatorium has established that Western Oregon climate is most desirable for those seeking health. There is a class of people that think the moisture and slight elevation of this region are not adapted to the treatment of tuberculosis. This is an erroneous impression. In Germany it is the east winds that are most feared, because they pass over the arid lands and are rendered dry, piercing, irritating and often dust-laden. The same conditions apply to our own arid regions. Western Oregon is free of this. The temperature changes are not marked or violent; the altitude is not great enough to render one more liable to hemorrhages. The balmy, moisture-laden air is beneficial. Air is never purer than during, or immediately after, a rain or snow storm. Rain, snow and cold are not objectionable features to the open-air treatment of tuberculosis. A series of lectures have been delivered lately in New York with the idea of advising people against sending sufferers away from home climate. The time is near at hand when each state will vie with its neighbors in the maintenance of tuberculosis sanitoria. Regarding the cases which have been treated here, many patients have been taken who were too far advanced in the disease for successful treatment. The case where death ensued came from Centralia, Wash., and the patient was in such condition that he died two days after his arrival. To render the open-air treatment most effective the disease must be coped with in its earlier stages."

Digitized by Google

Editorial Notes

The Profession in California.—Dr. McCormack has been writing on the state of medical affairs in California. He found things there much more to his liking than in Oregon, but still in places appears to be a little undecided as to the true condition. In one part of his article on California affairs he states that the state "has a fair medical law," while, after more mature consideration, later in the article, he insists that "its legislation is in bad shape." The standard of examinations is high; and the fees of medical men are higher than in almost every other state. After all the nice things that he could say about them, however, he came to the conclusion that California's "attractive looking organization was largely on the surface, and that the unusual prosperity of the profession was not only fortuitous and insecure, but was endangered by the same influences which have operated so disastrously for years in the eastern and middle states." When taking a comprehensive look at the profession, from the state capital, he concluded that there "the excellent profession, more than usually harmonious and prosperous, and located at a point of the greatest advantage and importance, was practically dead to everything not entirely personal." The good doctor is careful to put the last seven lines of the above quotation in italics. Down in San Diego his observations seem to lead him to conclude that the better the climate the worse the doctors. "In this beautiful, semi-tropical city, so favored by Nature and human enterprise, the profession has been engaged in an internecine, personal and factional war for years, which had brought it into great public reproach." The genial doctor, with his inimitable smile, changed all this. He took the sheep and the goats on a pleasure excursion, and had them all weeping on one another's necks, mourning their individual and collective shortcomings, and promising eternal fealty hereafter. The doctors of the state, speaking generally again, "are weak where they should be strong." That looks about as bad as things in Oregon, except that we fear he would say the Oregonians are weak everywhere—a harder way of stating the same thing. We have looked in vain in Dr. McCormack's article to find what he has to say about the medical schools of California. Not a word appears concerning them, either good, bad or indifferent. This is a grave oversight, as we wanted to know what he thought about them. But there is one California man who is an oasis in the desert of "insolence of the quack interests;" "chronic and almost hopeless strife;" "causeless and senseless bickerings;" "barred progress;" "little cohesion or unity of purpose;" and "combined quack interests." Nearly every paragraph has something to say about this oasis, so that it may not be overlooked. It is nothing else than Dr. Jones. Again and again we are told what an able, altruistic, fearless, unselfish, systematic, good fellow Dr. Jones, the editor, is; but not a word about the medical schools. Perhaps a special chapter will be taken up with them, when the good doctor has had a chance to get some curbstone information concerning them (if he wishes to condemn) or first hand information, if he wishes to praise.

Dr. Josephi and Dr. McCormack.—In the Journal of the American Medical Association for January 13th, Dr. S. E. Josephi, of this city, has a let-

Digitized by Google

ter in reply to the aspersions of Dr. J. N. McCormack. Dr. Josephi, as the Dean of the Medical Department of the University of Oregon, protests against the statement by Dr. McCormack that "there is evidence on every hand that the schools of Oregon do not have high standards of requirements," this statement being made without the writer having gone to first hand for information. The question as to whether a school has high requirements or not, is not one of opinion. It is a question of fact that can be much more accurately obtained by going to headquarters and finding just what the requirements are, than by listening to mere street rumor. Dr. Josephi's objection, strongly expressed, is that Dr. McCormack did not go to the Dean or a member of the faculty, for information which would have guided his judgment. Dr. McCormack, in the same copy of the Journal in which Dr. Josephi's letter appears, makes rejoinder, but he does not touch on the salient points of Dr. Josephi's reply. He merely says, in effect, "you are another."

It is a little hard to believe that Dr. McCormack is quite ingenuous in his remark that he has for five years been doing work similar to that which he is now doing, and "Dr. Josephi is the only one who has ever questioned the accuracy of any statement made by me." This is a remarkable statement—so remarkable that one is inclined to take with a good many grains of salt anything that the good doctor may say hereafter. Dr. McCormack assumes a lofty air when he says that "Dr. Josephi will find that every line [of his article heretofore published] breathes the spirit of kindness, and that every unpalatable truth is told with regret"—an air that practically nullifies any good that he may have accomplished during his visit to Oregon. Whatever may be done in Oregon to lessen the friction among members of the profession, will not be as a result of Dr. McCormack's visit, but in spite of it.

Presumably a desire to do even-handed justice, prompted the editor of the Journal to send Dr. Josephi's letter to Bowling Green, so that Dr. McCormack might have a rejoinder in the same issue. It is a pity that the same desire for even-handed justice and fairness did not prompt the editor to send Dr. McCormack's article of December 9th to the deans of the colleges attacked, so that their replies could have appeared on December 9th.

Division of Fees.—At many meetings of medical societies the question of the division of fees is discussed. Even when the time is supposed to be given up to the discussion of a surgical proposition, it is more than likely that some speaker will switch on to the question of fees, and their division. Some men will denounce the entire proposition, without hesitation, and will scorn anything that points in that direction. Others have the temerity to contend that, after all, there are worse things than division. An interesting contribution to the discussion appears in the current number of the American Journal of Clinical Medicine, by Dr. Emory Lanphear, and the writer sums up his view of the matter thus: "After a most careful study of the subject (from the standpoint of one who has been a country doctor as well as a city specialist), I have reached these conclusions: (1) In ordinary consultations no division of the fee should be thought of; (2) in cases simply "referred" to the specialist for treatment no division of fee is usually proper; (3) when specialist and doctor jointly at-

Digitized by Google

tend a patient, division of the fee is honorable and just—no attempt being made to conceal the fact from the patient; (4) when the specialist operates in the home of the patient, in city or country, and the physician assists and assumes the responsibility of the after-treatment, it is the duty of the operator to ascertain whether or not the regular attendant has been, or will be, paid sufficiently well for services rendered—if not, then divide the fee in proportion to value of services rendered. In other words, it is never right for the 'great specialist' to get all the money and the regular attendant to get nothing; both deserve more than they ever get—but the 'home doctor' is the one who usually suffers most."

The Medical Department of the Army.—President Roosevelt is fully awake to the necessities of the time, as to the medical department of the army. In a recent speech which he delivered on the presentation of a medal to an Assistant Surgeon of the Rough Riders, he dwelt upon the necessity of having the medical department of the army well equipped, and he referred to the excellent work done by the Japanese in their late war with Russia. He said, among other things: "The Japanese have given us a good lesson by the way they handled their army in the recent war. One of the reasons why their medical department did well—the main reason—was the fact that they had an ample supply of doctors who had been practicing in time of peace in doing the duties they would have to do in war. And until we have provision for an ample corps of doctors in the army, so that they can be practiced in time of peace, we will not have prepared as we ought to prepare for the possibilities of war. Until we thus prepare, we can make up our minds that we are ourselves responsible for any disaster that occurs to any army that the United States may raise in the future, not the man who may be at the head of the army at the time." If adequate legislation is not enacted at this session of congress to secure an efficient medical department for our army, it will not be the fault of President Roosevelt.

A Loss to the Profession.—The demise of the Journal of Medicine and Science of Portland, Maine, is a distinct loss to the medical journalism of the country. This ably-conducted journal, bearing on its face every evidence of prosperity, announces its discontinuance, without giving any reason for such a step. This journal has filled a niche that it is hoped will not remain vacant. The profession in every important locality needs, for its proper advancement, that its meetings shall be chronicled; that its doings shall be recorded in such permanent form as the files of an enterprising local medical journal alone can furnish. The profession needs, also, such journals for its encouragement, and at times its defense. Any centralization of effort which renders it impossible to maintain such journals is to be deplored.

An Outsider's View.—The letter of Dr .Walter T. Brown, published in another column on the subject of Dr. McCormack's attack upon the medical situation in Oregon, is interesting as coming from a gentleman who is outside the societies. He is one of a great number of physicians who, for some reason, stay outside the ranks of the organized profession. Perhaps his views are too liberal to allow him

Digitized by Google

to join his local society; however that may be, he does not know what he is missing. The trade unionist belongs to his union almost solely that he may get as large wages as possible for the smallest amount of work. But the physician who joins his county society and becomes an active member, expects to get something more than protection for his own pocket. He expects, as he hears his fellow members read and discuss papers, detailing their experiences, and as they submit pathological specimens, to gain knowledge and wisdom. He goes away from the meetings better able to cope with the difficulties that arise in everyday practice. This is especially so in sparsely settled districts, where it is not possible at critical times, to call in a brother physician in conference.

No surgeon in Portland will admit that he was one of the three, referred to by Dr. Brown, who met his stockman patient. Those three surgeons have moved away, and are practicing in some other state. At the same time the incident should teach the lesson that even in the medical profession there is grave danger less at times, in unguarded moments, something other than strict ethical remarks concerning brother practitioners are liable to be uttered.

Unfair and unkind as Dr. McCormack's paper was, it will be productive of good if it results in impressing the physicians of Oregon with the desirability of getting closer together, and working with common purpose to improve the laws of the state relating to the science of the prevention of disease and healing the sufferer; and if there is a more thorough organization into compact societies of every educated gentleman, who has passed the state examination and is capable of practicing medicine.

Pure Food Law.—It is very remarkable that there should be anybody, aside from the manufacturers of adulterated foods, who would raise his voice against pure food laws, and yet we find in Congress considerable opposition to the passage of a general law, covering all the states, making it a crime to do an inter-state business with adulterated foods. There are deep movements in the waters of Congress, which the average onlooker cannot understand. Men who are chiefly noted for being in strong sympathy with the railroads or the express companies, are found lined up against pure food measures, and so far they have failed to explain the reason for their action, satisfactorily to the public. Aside from the opposition of politicians whose motives are secret, and the manufacturers who desire not to be hampered by laws in the carrying on of their business, we occasionally find a physician who is opposed to the wholesale passage of pure food laws. This is so remarkable an occurrence, that it is worth making a note of when opposition comes from such a source.

In the Medical Fortnightly of St. Louis, Dr. R. G. Eccles, of Brooklyn, contributes a somewhat hysterical article to the discussion of pure food measures, and makes some statements which are remarkable. If true, the wonder is that they have not been exploited before. He asserts, without giving any official data to bear out his assertion, that in North Dakota "since Prof. Ladd has had full swing with his new law and new powers, the number of deaths in that state has increased over 66 per cent. To nearly double the number of deaths in a state in so short a time, is great work for one man and a legislature of farmers to accomplish."

Digitized by Google

He also says: "To discover that Germany, seeking to favor its farmers as against the farmers of the United States, adopted a law like that of North Dakota, and that soon after its enforcement began, its death rate, in diseases of the digestive system, at once rose 40 to 60 per cent, is to wonder at the uniformity of such results."

North Dakota is the only state that has a pure food law of any value, and the chief function of that law is to prevent the adulteration of food with deleterious substances; to prohibit the use of preservatives which are injurious as food; to prevent the substitution of an inferior article for a superior one which the purchaser thinks he is getting and paying for; to prevent the use of fraudulent labels. We are not aware of any other material conditions provided for in the North Dakota law. So far as this law has operated, it is beyond belief that it is responsible for an increase of 66 per cent in the death rate. The mere word of Dr. Eccles, unsupported by official statistics, does not warrant any credence whatever being given to such statements, and what puzzles one is that a physician should have made such a claim, unsupported by official figures. It is equally impossible for credence to be given to his statement concerning the alleged results in Germany. Even a callous manufacturer of adulterated foods would scarcely have the temerity to claim that powdered terra cotta, aniline dyes, and clay are productive of a low mortality when taken internally.

Alleged Hypocrisy and Humbug.—The criticisms of the present management of the American Medical Association, voiced by such reputable journals as the Medical Record of New York, cannot be brushed aside with a sneer. Nor is it enough to say that the A. M. A. is what the tens of thousands of doctors who are its members make it. The feeling exists very strongly throughout the country, that a coterie has obtained possession of the A. M. A. that is running it too much according to its own devices, and that the rank and file of membership throughout the country have very little to say about it.

The "principles of ethics" which have been promulgated by the Association are subjected to scathing criticisms both editorially and in the correspondence columns of the Recorn. They are designated as "an unequalled collection of Tupperian platitudes; Sandford and Mertonish maxims." Dr. F. R. Sturgis, of New York, says that he cannot read the various sections of the "principles" which relate to the way the physician should deal with his patients, without a feeling of profound contempt; "and I should have supposed that Messrs. Mawworm and Chadband had between them concocted these rules, so replete are they with the unctuous cant and hypocrisy which characterized these two apostles of humbug."

Dr. Sturgis points out that according to the figures given forth in 1905, there were 21,000 members of the A. M. A. This is but a small part of the 200,000 doctors in the country. Of the 21,000, there are as many as one can count on his two hands, who fix things up in Chicago to direct the policy of the organization. If they do the right thing; put out policies, codes and principles that appeal to sensible men as fair and wise, then criticisms of their acts will not amount too much. But even in Oregon there are some people who are wondering if our genial friend McCormack of Bowling Green, has not had a hand in rounding out the periods of the "principles."

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE OFFICIAL SOCIETY

Dr. J. N. McCormack's letter in the journal of the American Medical Association did the medical profession of Oregon a grave injustice. Yet, so far as Portland is concerned, it served at least one useful purpose, in calling attention to the difference that exists between the entrance requirements of the National Association and those of the City and County Society. The former body declares that any practitioner of medicine who is a gentleman, regardless of school of practice, may become a member. The portals of admission are through the State Societies, which, in turn, are made up of the members of the various County and District bodies. Thus membership in the National body, which officially represents the entire profession, is a matter definitely determined by the local official societies. To the careful observer it therefore appears that, far from dictating who shall and who shall not become a member of the local society, the American Medical Association has delegated to that body the privilege of naming those who may or may not become members of the parent organization, stipulating only that no discrimination shall be exercised against candidates merely because schools of practice differ.

Portland has not as yet accepted this view of the matter, and the City and County Society has not officially let down the bars admitting to membership any save graduates of regular schools. It seems apropos at this time to call attention to the fact that the City and County Society is the official society of the district, and it appears well to encourage an extension of the privilege of admission to conform to the ac-

Digitized by Google

cepted national code. The privilege of rejecting candidates individually undesirable or unethical, would still remain unaffected.

To those who find the official body unwieldly there still remains the small club. Two or three of these are already in existence in Portland. More are in process of formation, and there is abundant room for still others. Elsewhere such bodies flourish, and Portland, ever to the front, may be expected to keep pace as it grows, with a practice on which larger towns have definitely set the seal of approval.

MEDICAL CLUBS

Is the small medical club an injury or a benefit to the organized medical profession, is a question that now and then comes up for discussion. Some physicians take the ground that small clubs detract from the interest of the regular city and county societies, favor the formation of cliques, and are a hindrance rather than a help to widespread organization.

Let us consider the aims and objects of the small clubs, with their history, and see if this is correct or not.

In our populous Eastern sections the official organization takes the form of a county society which meets two or four times a year and conducts the legislative and other business of the profession as a body politic. In the cities, a so-called "Academy of Medicine," made up originally of a more or less exclusive group of ultra-successful doctors who found congeniality and profit in more frequent meetings than were provided by the County Society, gradually extended invitations to the ambitious and aspiring, finally included a large percentage of the best men in the community and became the real scientific body. Before it papers were read by men of note and great leaders from a distance were often invited to appear. The discussions were opened, continued, and usually closed by local men of equal note. In the presence of so much greatness, the humble newcomer, overcome by the intellectual radiance, was fearful of himself, and though oft desiring to take part, and having at times something worthy to say, sat silent and abashed, absorbing wisdom but giving forth none. Or, if he did attempt to take part, through inexperience and nervousness, sometimes failed to make his point clear, and embarrassed and chagrined, sank back into his place resolved to sin no more.

To overcome this inexperience and nervousness, to acquire facility in the art of expression, the small club, almost invariably made up of young men, was the logical outcome. Here from ten to twenty men, often classmates or alumni of a given hospital, found themselves in an atmosphere in which the strongest element was a feeling of equality. The rules of these organizations required that, no matter what the subject, each member must take part in the discussion. In many clubs the meetings were held at the homes of the members, each in turn acting as host, and providing light refreshments after the serious business was over, so introducing an element of sociability impossible in

Digitized by Google

the large society. It is no wonder that such clubs increased in number until in some towns a dozen or more came into existence. And it was, and is the rule to find a full attendance at every meeting.

What is the result on the large organization? Occasionally a paper is found to be of exceptional merit. By vote of the club it is presented before the academy and every member feels it his duty to be present at the reading. Moreover, every member, knowing that he must prepare a paper each year, and in addition take part in the discussion at every meeting, finds that, to keep even with his brother members he must attend the meetings of the mother society. As a result the attendance there is invariably swelled. With the assurance that comes of practice in the small club the members feel less hesitancy in lending their voices to debate, and by making their points tell, stimulate interest in the work. Accordingly, it is no surprise to find that, where these clubs abound, there the large societies are most prosperous, best organized and best attended.

A FUTILE APPEAL

It is no uncommon thing for some doctor who is prosecuted for practicing medicine in contravention of the laws of the state in which he lives for the time being, to invoke the protection of the constitution of the United States. He and his lawyers either do not, as a rule, know much about the aforesaid constitution, or their invocation is a large bluff. At any rate, if they can get some kind judge to suspend sentence, and admit the culprit to bail, there is at least a respite. The defendant then has a chance to hold up his head and insist that he will be cleared of the alleged crime; or perhaps he may skip his bail bond, and either pay his bondsmen the amount they will have to put up, or leave them in the lurch. Our fighting neighbors in Washington have caught a Tartar. They have carried the case through the state courts, low and high, and the court of last resort in the Evergreen state has declared that the defendant must go to jail for ninety days and pay a fine of $100. He and his lawyers say that he is a victim of "class legislation," with the purpose of conveying the erroneous impression that somewhere, in some state or national constitution, there is a prohibition of such legislation. Now, to be more explicit, the defendant's attorneys say that the prosecution is in violation of the fourteenth amendment of the constitution of the United States. This amendment is a long one, but the particular clause which these industrious lawyers desire to invoke reads as follows:

"No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States, nor shall any state deprive any person of life, liberty or property, without due process of law, nor deny to any person within its jurisdiction the equal protection of its laws."

Nobody but a lawyer seeking hard to earn his fee will see in this provision anything which touches the Washington case. If the United

Digitized by Google

States had enacted a general law, under which applicants for practicing medicine could pass an examination as provided by Congress, and then be allowed to practice medicine anywhere within the jurisdiction of the United States; and if the United States Supreme Court had held that such a law was not an infringement of the rights of the states, then this defendant, if he had passed such an examination, could say that the Washington state law had "abridged the privileges or immunities" which he was entitled to. But nothing of the sort has happened. It has been decided again and again—enough times to warrant lawyers to hesitate before they run up any more expenses—that the states have authority to enact laws governing the examination of candidates for the practice of medicine within their borders. Still, while a client's money holds out, some lawyers will never cease carrying to the highest courts propositions that have long since been passed upon and definitely settled beyond all controversy. The authorities who have pressed the case against the Washington culprit are to be commended, and it is gratifying to realize that they will stay by their position.

AN UNFORTUNATE MIXUP

The cause of medical legislation in the state of Washington has been set back for some time, by the warfare that exists between the medical society of Seattle, and the Seattle Times. This is a condition of things much to be deplored, for the medical legislation of the entire Pacific Coast is liable to be affected by the conditions that prevail in King County. It is not for us to say who is at fault. Editor Blethen is set on a hair trigger principle, and he estimates at a high value the dignity with which he is entitled to be considered, in view of his position as the editor of a leading newspaper in a leading city of Puget Sound. He says that a visiting committee of doctors "demanded," when they should have "requested," and when the suggestion was made that they change the word "demand" to "request," they insisted that they were there to demand, and not to request. That is his side of the controversy, and as a result the medical society of his county is not in good standing in the Times office.

Medical legislation, having for its purpose the suppression of quackery, and harmful concoctions advertised as panaceas for every ill, is only possible of acquirement after public opinion has become thoroughly aroused and educated. The daily press is the only medium through which this can be accomplished. Whatever nice theories we may have concerning the matter, the daily press publishers are in their business primarily for the money there is in it. Many of these publishers will not knowingly, even for money, advocate anything which they believe is detrimental to the public welfare. But when they are asked to curtail their advertising receipts by cutting out of their columns advertisements of quack doctors and medicines, they must be

Digitized by Google

convinced that the advocates of such self-abnegation are actuated by altruistic motives. In an interview looking to a purging of their columns, these editors must be treated with becoming courtesy, for there are many hair-trigger Blethens in the business, and it is the easiest thing in the world to upset the negotiations, and have the last end worse than the first.

Our good friends at Seattle must be left to work out their own salvation in the matter of medical legislation. But it behooves those members of medical societies who live elsewhere, who are seeking the same beneficent results as are the doctors in King County, to take warning by the trouble into which they have fallen; and in approaching the august occupants of daily newspaper editorial rooms, to be clothed with the very pink of courtesy, and to be wise as serpents and harmless as doves.

A RIGHTEOUS DECISION

The Idaho Medical Law has been construed by the Supreme Court of that state, and the result is entirely satisfactory. In his late paper before the State Medical Society, (published in the Medical Sentinel for November last,) Dr. Nourse, the retiring president expressed a fear that the law was defective in one or two very important points. He believed that after the state board had passed on the qualifications of an applicant, and refused to issue him a license, he could then take an appeal to the district court, the judge of which could proceed to reexamine the applicant, review the markings of his papers, and determine whether or not he could properly answer the questions. It is true that a judge of the district court took this view of the law, and conducted a farcical examination in court of one J. J. Raaf, much to the chagrin of every doctor who saw what a horrid mess was being made of it. But the Supreme Court, in an opinion handed down the 20th ult., says that nothing of the sort is contemplated by the law. It holds that "the courts have no jurisdiction under the medical law to examine applicants or review their answers and mark and grade them on such answers, such action being the duty of the medical board." There are just two things upon which the district court can be appealed to. "If the board shall fail to act when it is their duty to act, the courts are open to enforce their action. If they act without jurisdiction, the courts are open to inquire into and review the authority they have assumed to exercise"

The decision of the Supreme Court is very interesting as a legal essay. The court reiterates many times the fact that the medical examiners constitute a quasi-judicial body, and there can be no appeal from its decision in refusing to grant a license to practice, except in the two matters above referred to—its failure to act, or its action without jurisdiction. It is probable that our Idaho friends will not be troubled with J. J. Raaf any more.

Digitized by Google

MODERN TECHNIQUE IN PROSTATECTOMY

By DAVID H. RAND, M.D.

Ex-Professor Genito Urinary Surgery Willamette University, of Oregon; one of the Visiting Surgeons at St. Vincents Hospital.

Read at the Meeting of the American Urological Association

The treatment of the Hypertrophied Prostate, now in a developmental state and not yet well established, is worthy the best thoughts of the specialist, so that, out of all the confusion of ideas and various experimental methods, the technique may be perfected, of some practical operation which is sufficiently void of danger to be useful, in the cases made treacherous by the infirmities of age and suffering.

The operation for Prostatectomy is so far reaching in its results, death occurring after all danger seems past, coming suddenly and most unexpected, and in conditions which apparently favor recovery. Results like these hold the surgeon in a state of uncertainty as to his probable statistics, such as pertains to no other surgical work.

These facts lead to deep and constant thought and as yet the surgeons of the earth vary greatly in their conclusions.

The obstacles to success are what?

Post Operative Cystitis,
Infiltration,
Perineal Fistula,
Epididimitis,
Pulmonary Congestion and Embolism,
Uremia,
Urethritis,
Impotence,
Inflammation of the Parotid Gland
Incontinence of Urine.

The generally conceded fact that familiarity and practice create skill, may explain the degree of warmth with which each operator defends his particular method, yet it is true that no operation yet presented will be at all likely to bring success in every case.

In no part of surgery is it more necessary to acquire familiarity with *every method* presented for overcoming prostatic obstruction, because in the ability to apply selected methods to selected cases, lies at present the royal road to perfect success and statistics.

Evolution to the present stage has been rapid and with constantly lessening mortality. The shuttle has been flying from galvano-cautery (Bottini) to the suprabubic and perineal, and then back again.

The first suprapubic was in 1887 by McGill and Belfield; then in 1889 Von Dittel timidly removed a segment from the under surface of each lateral lobe through the perineum.

Encouraged by reports and recommendations for perineal work, Dr. George Goodfellow, of San Francisco, in 1891, did the first reported

Digitized by Google

perineal prostatectomy—pressing the prostate outward by an opposing hand over the bladder.

Simultaneously, and about 1894, Dr. White was presenting castration as an indirect method of securing atrophy of the prostate, Eugene Fuller was working out the suprapubic prostatectomy as now done under the name of Freyer's operation, and the Bottini appeared.

This last operation is the choice in selected cases, of Orville Horwitz, who reports 84 per cent. of 886 cases done by 48 operators, as cured or improved; the mortality was 5.7 per cent. He reports his own series of 99 cases with 86 per cent. of cures and three deaths, and considers the results good, with small danger to life.

The indications for this operation are early cases with enlargement of the middle lobe (prostatic isthmus) joining the lateral lobes and with no residual urine. However, the objection to its use presented by Parker Syms, that it is an operation done contrary to all laws of surgery, in that it lacerates the deep urethra and provides no drainage, seems to be a real one, for the cases which bear these indications, "early stage with enlargement of the isthmus only," which may not also be included with the cases selected for the perineal route, will be of rare occurrence.

The question first of all to decide is, when shall we operate. The history of these cases is inexorable increasing progress, and with the picture before our mental vision of the agonies of senile prostatic obstruction, we must feel that the chosen time for operation is *now*.

The frequency of urination and the cystitis are generally borne as patiently as may be, and only when the choice of the catheter or the operation becomes a necessity, does the surgeon have opportunity to act.

In view of the end, there should be but one decision, *operate now*. The younger the man, the better the risk is he, and that risk should not be imperiled by waiting, and so the method best for his particular case is the only point to decide.

Dependence on statistics makes the decision no easier, because the mortality is lessening in all operations, as all are presented by men becoming constantly more skilful in their particular operation, and the acme is reached yet in none.

From 15 per cent. the mortality rate has fallen to about an average of 5 per cent., but the statistics of improved and uncured are yet high.

We shall call a patient cured when there is no appreciable amount of residual urine, and when obstructive symptoms have not been present for years. And we call them improved when the symptoms are lessened, but not abolished.

Caspar, of Berlin, reports 130 cases treated by various methods, of which Bottini's gives the best results, with vasectomy ranking next. He concludes that these two are the only treatments to be considered, but holds a reservation of opinion in favor of perineal prostatectomy.

Prostatectomy is the most surgical procedure, and will command first place upon the perfection of its technique.

Kocher, of Bern, Switzerland, is doing the median perineal incision

Digitized by Google

in his ordinary cases. In England the technique of the suprapubic is being worked out by Fenwick and Freyer and by Reginald Harrison, who favors this because of the ease with which the often accompanying stone may be removed. On this side of the water Eugene Fuller does the suprapubic with perineal drainage, while Young of Baltimore, after doing about 100 cases of Bottini has changed to the perineal route.

In selected cases the suprapubic will probably always remain a favorite, especially in cases of considerable enlargement of the middle lobe, or where the growth projects well into the bladder.

In making the decision as to choice of methods, the cystoscope is of great advantage and, since the modification by Cabot allowing the increase in the visual field, its use will probably become more frequent. The knowledge of the interior, as to prominence of the growth and of existence of diverticulae, prepares one for attacking the gland at its most vulnerable point, and yet Parker Syms objects in the most extreme language to any attempt at cystoscopic examination in a cystitic case, maintaining that there is sufficient indication for operation, and if a stone should be present, it will be found and can be removed by crushing or by dividing the lateral walls of the urethra and dilating the vesical neck; however, the cystoscope is in constant use and Dr. Syms' words will probably serve as a warning, but not as a bar.

"Westward the star of progress, as well as Empire takes its way," and from the Bottini and suprapubic operations of Europe, England and the East, onward to the West, the tide of favor gathers about the perineal method and from Chicago to the Pacific, some operation by the perineum is the favorite, having replaced the suprapubic, in all except carefully selected cases, although Parker Syms, of New York, believes that every hypertrophied prostate can be removed through a simple median incision of the perineum, with one sweep of the knife down to the membranous urethra, using the finger as a tractor to bring the enlarged gland forward. This is accomplished without special trouble whenthe hips are elevated and the limbs in extreme lithotomy position, bringing the field into a most convenient position. Dr. Syms has a small, soft rubber bag which he introduces collapsed into the bladder through the incision and inflating it draws it down against the gland, which presses more evenly, and generally, than the finger can, and is helpful in his hands.

Hugh Young, of Baltimore, has a metal retractor consisting of two blades attached to shafts, one of which revolves around the other, and is introduced into the bladder through the opening in the membranous urethra. It is introduced closed, and when traction is required, the blades are rotated and pressure brought against the enlarged lobe. This retractor replacing the finger as used by Nicholas Senn and others, seems the most satisfactory of any instrument, and may be much superior to the finger in producing traction evenly and steadily, aside from its higher degree of sterility.

In Murphy's technique the sound in the bladder is the only assistance he finds necessary to use in pressing the prostate into view, when

Digitized by Google

he seizes it with his four-prong hooked forceps or retractors and feels for the gland from behind forward, severing the isthmus as the prostate leaves the bladder.

Ramon Guiteras uses only a curved pair of scissors in the urethra, with which he makes a transverse incision in its floor at the apex of the gland and delivers the mass with forceps.

A question of much importance in deciding operative procedures is the preservation of the sexual powers. Statistics are not yet clear as to the per cent. of impotence produced by the removal of the hypertrophied prostate.

Murphy has reported fifty cases in which almost all were rendered sexually inactive,, and Murphy has good results and low mortality; his work is skilfully done, but this is a high percentage of a very great drawback to the operation. Many of these patients are men of fifty or thereabouts, and would consider the abolishing of the powers of procreation a serious loss.

Six cases done by Albarran have been followed and found that two out of the six were as strong sexually as before the operation, while in two cases erections were lost entirely. Young of Baltimore states in his last article that he saves the ejaculatory ducts, and impotency is not found to be present in the majority of his late cases.

Goodfellow, of San Francisco, reports having found spermatozoa in ejaculations in many cases after prostatectomies. Fuller believes the question of preservation of the sexual functional problematic.

This difference in results seems brought about by the management of the ejaculatory ducts, whose location is uncertain owing to the varied directions of growth of the hypertrophy, which places them lower or higher, and in a wound that is deep, to successfully separate in every case the hypertrophy from the bladder without rupturing these imbedded tubes, requires a patient nature and an educated finger.

Beside the condition of impotence produced by the tearing away of the ducts, there is great probability of ascending infection through the torn ends, which are prone to suppurate, giving rise to epididymitis.

These are fine points, and are in the line along which the technique must be perfected.

Fuller mentions abandoning the perineal route and concluding by suprapubic, rather than tear away the ejaculatory ducts when such danger is imminent.

Goodfellow, of San Francisco, is one of our oldest operators, and after experience with other methods he reports seventy-five cases done by the straight perineal incision, with two deaths. No retractor, except the finger is used and the gland is enucleated in from six to ten minutes—the position being one of exaggerated lithomy.

The seminal ducts are sometimes injured, but he believes not enough to affect their function.

The fatal objection to the suprapubic is the longer convalescence so detrimental to the aged—even though the more serious hemorrhage common to this operation be avoided, confinement in the recumbent

Digitized by Google

position, in this most unprognosable, uncanny convalescence, is dangerous to the recovery of the patient.

I have three cases to submit to your discussion as examples of the treacherous conditions accompanying recovery from the operation.

ONE NOTED CASE IN MY SERIES OF SUPRAPUBIC OPERATIONS.

Case 1. Mr. B., aged 74, had led catheter life for two or three years. Cystitis present, with two ounces of residual urine. The entire gland was removed by suprapubic incision; the patient rallied well and had no untoward symptoms for three days—pulse and temperature normal.

At the end of three days a swelling of the parotid appeared, with a rise in the temperature, and pain, the gland became greatly inflamed, and in less than 12 hours the patient died. This, then, was a reversed metastasis, the order usually being from the parotid to the testicle as in mumps, but in this case the metastasis extended from the prostatic manipulation to the parotid gland.

The sudden termination was a surprise to me, owing to the apparently satisfactory progress for three days.

Cases 2 and 3 are in my series of perineal route cases.

Case 2. Mr. K., aged 78, sent down from Idaho; took a severe cold on the train, which caused the postponement of his operation for several days, waiting for the clearing away of the cold, and his lungs seemed in good condition when he went on the table.

There was cystitis and pain and considerable residual urine. The catheter had been used for several years. The operation was by the perineum, and such a very unusually shaped gland removed that I likened it to the razor clam, and because of the resemblance of the long neck-like projection, I have given it the name of the razor clam neck.

The recovery of this man progressed uneventfully for ten days without fever or rise of pulse, then, on the eleventh day, symptoms of the third stage of pneumonia appeared, with brick dust expectoration and coughing for five days, and yet he was expectorating easily and doing well, with apparently no danger, when the nurse left him for a few minutes and on her return he was dead.

I do not believe the operation was the cause of his death. It seems that the hypostatic congestion of the lungs had occurred perhaps because of their having been weakened by the severe cold he had contracted just previous to the operation, and being advanced in years the lungs had not the necessary recuperative power.

I have preserved this prostate, and will show it to you as unusual in its form and growth.

Case 3 was very interesting to me, though its history completes one of the sad episodes so common in life. Mr. O., aged 77, a large, well-formed, strong-appearing man, came from up the Columbia River, suffering from complete obstruction and retention of urine, cystitis and pain.

Examination showed a greatly enlarged prostate, and operation was done almost immediately, by the Murphy method, making the inverted

Digitized by Google

Y incision, keeping close to the rectum, and using the Murphy hook to deliver the gland.

On removing the first lateral lobe it was so large that I believed it for a moment to be the entire growth, until further examination proved my error and the other lateral and middle lobes were removed.

Relief of symptoms was immediate and recovery progressed favorably without fever or pain and no trouble whatever; patient sitting up every day after the fourth day; left the hospital within three weeks with a little instruction to his family doctor to irrigate the bladder, as the perineal opening was not quite healed.

For several days he continued to improve, when suddenly an irritable disposition became manifest, which was more noticeable as time passed and he became more and more mentally unbalanced until the end of six weeks, when he died.

I mention this case to bring out the point mentioned in the first part of this paper in reference to death occurring from symptoms remote from the operation. I presume uremia was the cause of the death of this man, though the symptoms of uremia preceding his death were not manifest. I have thought it might not be uremia, because in the White operation, done several years ago, the symptoms of mental aberration appeared in several cases in temporary spells, occurring from seven to eleven days after the operation, but all of these cases recovered.

This is, then, about the present status of this most important branch of surgery. I have reported cases of failures rather than successes, because these have been subjects of thought and study to me, such as the successful cases have not, and herein my deepest interest lies. To trace the mysterious workings of the psychic life and its influence upon distant organs, to recognize degenerative changes at any point of the circulatory system and guard against their devastations, to carry the patient through the shock of operation upon a nervously central organ, supporting the threatening weakness of approaching senility are problems in medicine which approach in magnitude those of surgery, and should receive equal consideration.

The method of perineal prostatectomy, with its various modifications, has fewer contraindications than any other. Latest in its origin, it is rapidly gaining in its race for precedence, proving itself the most useful, while the least dangerous, all its competitors. It will, no doubt, when time has perfected its technique, become an established and standard operation.

502 Dekum Building.

Digitized by Google

DIAGNOSIS AND LOCALIZATION OF BRAIN TUMOR

By WILLIAM HOUSE, M. D.
Resident Physician Crystal Springs Sanitarium

Read before the Portland City and County Medical Society, December 20. 1905

During the time I have been a regular visitor at the meeting of this society, I have taken stock not only of your wisdom but of your good nature and generosity. Therefore, I do not fear to present to you some views on a subject which has been well in the lime light of research, yet of which there remains much unknown. The views here presented are not an analysis of the extensive literature, rather are they a record of personal clinical studies of the last two years.

Brain tumor is of common occurrence. Oppenheim says, "The brain is a favorite seat of neoplasm." Mills has been an indefatigable worker on a multitude of cases. Eskridge founded a reputation upon his careful observations of brain growths. Starr has observed hundreds and collected reports of thousands of cases.

My own experience includes about thirty cases, of half of which I have good records. From the erroneous diagnoses often sent with patients, and because few of them came with the trouble correctly diagnosed, I opine that many cases are overlooked. The common error was confusion with apoplexy. Simple epilepsy and hysteria were also often confused. Ordinary insanity claimed its full share. One of the cardinal symptoms of brain tumor is mental derangement often diagnosed as insanity, and patients are committed to the public asylums where, owing to press of work, they are sometimes insufficiently studied and escape diagnosis. Such oversights in public institutions are frequently revealed by the necropsy.

As incomplete evidence of the frequency of focal brain lesions in asylums, New York State Hospitals records show that during the last fiscal year, one hundred and twenty-eight deaths occurred therein as a result of such lesions, including embolism, hemorrhage and tumor. From 1888 to 1904 seventeen hundred and eighty-seven deaths occurred, enough so that had each been carefully analyzed and recorded, many of the obscure points in diagnosis and localization should have been cleared up. Judging from our series of the past two years, in proportion to the total number of admissions, a much larger number of cases would have been expected in New York.

Probably not one-tenth of the cases reach the public asylum, because the organic phenomena usually overshadow the psychic, and mili-

Digitized by Google

tate against commitment. Also a very large number occur in children too young for commitment.

At Crystal Springs Sanitarium in two years, we have observed a total of fourteen cases of focal brain lesion, not including doubtful or insufficiently studied cases, nor cases of ordinary apoplexy or embolism. Of these fourteen cases, diagnosis was confirmed by necropsy five times, the findings being as follows:

1. Cyst of right prefrontal lobe. Adult male.
2. Cyst of Broca's convolution. Adult male.
3. Hard sarcoma of left side of Pons. Adult female.
4. Encysted bullet in left occipital lobe. Adult male.
5. Carcinoma of left prefrontal lobe. Adult male (specimen exhibited tonight).

Seven cases presented symptoms rendering exact diagnosis and localization certain. They were:

1. Glioma of frontal lobes, adult female. Death. Necropsy refused.
2. Glioma right Rolandic region, girl nine years old. Death. No autopsy.
3. Syphilitic gumma of Broca's convolution. Adult male. Recovered.
4. Syphilitic gumma right Rolandic and prefrontal region. Adult male. Improved.
5. Laceration of brain tissue and hemorrhage from accident, with probable formation of submeningeal blood cyst in arm center. Adult male. Complete recovery. This case, while not strictly belonging to the titular classification, was one of the most instructive in localization that we had, and is included for this reason.
6. Growth (exact nature unknown) in frontal base. Localization, from history and character of optic nerve changes, quite certain. Adult female.
7. Growth involving right tenth nerve. Adult male.

In two cases the exact localization and character of the growth were obscure, although in each there was small room to doubt the presence of tumor, especially as one had pronounced optic neuro-retinitis, and the other exhibited many characteristic symptoms.

1. Lesion in motor speech tract. Adult female.
2. Tumor in right posterior region, whether cortical or basilar indefinite. Adult female.

It will be noticed that the two cases unlocalized were in women. I am constrained at this point to observe that this lack of exactitude in symptomatology may have been in line with the well-known perversity of the sex. They were certainly puzzles, and were exceptionally well studied, which may have been what they wanted—also in the line with the sex—I am told.

There was also one case of probable cerebellar tumor not carefully studied, and not included in this report.

The symptoms of most value we found to be,

Optic neuritis and *atrophy*. This is said to occur in eighty per cent.

Digitized by Google

of all cases. It was present in more or less marked degree in seven of our cases. In hard or long standing growths, no matter where the lesion, optic neuritis commonly develops. In soft growths, hemorrhages, gummata and cysts, it is less common. Retinal changes are sometimes found only after repeated examinations, and failure to look for them may mean failure to make the diagnosis. We have found it wise, invariably, in suspected cases, to secure the assistance of the ophthalmologist. Associated with unilateral incomplete paralytic phenomena, neuro-retinitis is pathognomic of brain tumor. Confusion of other causes of optic neuritis is to be avoided by the character of the nerve changes, history, association symptoms, and exclusion of other possible causes, such as lead poisoning and albuminuria.

Optic nerve changes may be the first symptom to call attention to the existence of serious trouble. Or, conversely, it may develop only late in the process. In all of our cases we found the eye on the side of the lesion most markedly affected. The changes varied from extensive retinal hemorrhages with four and one-half diopters of protrusion of the optic papilla, to simple pallor of the nerve filaments.

Headache is said by Gowers to be the most constant symptom of brain tumor "absent only in rare instances." Eskridge says, "It is often one of the earliest symptoms, occurring in seventy-five to ninety per cent. of all cases." Oppenheim thinks, "It may be missing or slight in the initial stages, but later it is rarely absent." Many authorities state that headache is frequently localized over the growth.

Headache occurred in eleven of our cases. In one case it began near the site of the lesion, but quickly extended over the vortex. Six patients complained of bursting headaches all over the cranium. Two suffered from bursting frontal headaches, one from occipital headache, bearing some relation to the supposed seat of the growth, and one had lightning-like pains, darting irregularly through the head. Three patients claimed to have had no headaches at all, and in two of these there were well-marked optic nerve changes. On the whole, the principal characteristics of the headaches was found to be persistency, bursting character, and in every case the pain was most severe at night. As a localizing feature it was almost worthless.

Localized tenderness over the growth, said to be frequent, was witnessed in none of our cases. Percussion usually aggravated the headaches, but elicited no appreciable dullness, except in one case of large cortical growth.

Mental changes were present in twelve cases. In the main they consisted of confusion, loss of memory, failure of power of attention, delayed cerebration, irritability, and partial dementia. In certain cases there were also delusions and hallucinations. These were of value in localizing the growth in several instances. All the mental changes were increased toward the end, when dementia was usually pronounced.

Convulsions occurred at one time or another in thirteen of our cases as a symptom, and in the fourteenth was the cause, the patient having shot himself as a cure for epilepsy. They varied from mildest petit mal to severest grand mal, from localized muscular twitching without

Digitized by Google

interference with consciousness, to most violent universal involvement.

Eight patients suffered major epileptiform seizures. In each instance in which I witnessed a seizure, it was found most marked in the side opposite the growth. In three cases there was focal twitching with incomplete loss of consciousness. Two of these were limited to the face, the lesion being in or near Broca's convolution. In one there was twitching and spasticity of the forearm only. The remaining cases were known only from their histories.

Convulsions, it will be seen, not only assist in general diagnosis, but also in determining the side, and in a small minority of cases become exact localizing symptoms. In ten cases convulsions or simple loss of consciousness was the primary symptom calling attention to serious trouble. Nearly every case in its incipiency was diagnosed as epilepsy, hysteria, or apoplexy, errors that would not have occurred had association symptoms been sought after recovery from the seizures.

Vomiting occurred in eight cases at some time, and in two more there was nausea without actual emesis. In those cases witnessed it was more or less projectile, and in four instances retching continued long after the stomach was apparently empty, and often brought up a quantity of frothy mucus. This, it seems to me, is almost pathognomonic of the cerebral origin of vomiting. In no other condition except pregnancy, is vomiting so persistent and severe, and in that the cause is usually self-evident. In a case of brain tumor at present under care, nausea and vomiting, with a continuous sensation of quivering within the stomach, persisted for several days. The rectum refused to retain nutrient enemata, no medication gave relief, and in despair I ordered a beefsteak. At once the nausea ceased, and as long as food was kept in the stomach by frequent feeding of small quantities, the patient got on very well. From excitement, a second attack occurred, and this time, after but few hours' rest, food was given and eaten, with prompt relief. I had previously observed a similar case, but was in doubt as to its significance. This point seems well worth remembering. The customary treatment of rest, rectal feeding, and sedatives, is often followed by exhaustion from starvation. When the stomach, through sheer weakness, retains the food poured into it, we flatter ourselves that we have successfully treated the condition. Whereas, had we emptied it completely at once, if necessary by lavage, and then given food, much prostration would be spared the sufferer.

The reflexes. In every instance we noted exaggeration of the patellar reflexes. In eleven cases one was more pronounced than the other. In two cases the increase appeared equal. In each the lesion involved both frontal lobes. Except apoplexy, there is no condition producing such marked inequality, and I know of no other condition causing such uniform increase. Paresis possibly may cause both increase and inequality, but not until diagnostic mental stigmata arise.

The ocular reflexes correspond to the patellar. In thirteen instances there was inequality in the size of the pupils, or the rapidity of response to light. The pupil in the side of the lesion was either larger, or responded more slowly than its fellow. I found that examination away

Digitized by Google

from a bright light, in partial shadow, caused slower contraction and was of value in determining inequality, especially in the speed of the light reaction. Care must be taken that each pupil receives an equal amount of light.

Vertigo is present in nearly all cases, but is of small aid in diagnosis because of its prevalence from so many other causes.

The *Pulse*. There are few typical pulse changes, and pulses of any kind may be found associated with brain tumor. Extreme slowness is common in pontile and bulbar growths, and late in nearly all these cases which die with bulbar symptoms, i. e., difficulty in swallowing, Cheyne Stoke's respiration, cyanosis, etc. The respirations also are commonly unaltered, except that they are often shallow because of the blunted and lethargic mental condition. Late in the disease they may become irregular.

To sum up briefly, the general diagnostic, the almost pathognomonic symptoms of brain tumor, I should say that unequal patellar and ocular reflexes (when apoplexy can be excluded) accompanied by a history of convulsions, is strong presumptive evidence of tumor of the brain. If to this be added optic neuritis the probability becomes a certainty. The other symptoms serve but to clinch the diagnosis. All these symptoms may be found in a given case at one time, but as a rule repeated examinations are required before all the symptoms can be determined, and if such examinations can be obtained, in my opinion diagnosis is usually an easy matter. We found our greatest difficulty to be differentiation from incipient paresis and in one case from multiple sclerosis. All the other possible sources of error, such as cerebral tuberculosis, either are accompanied by pronounced febrile disturbance, or as in apoplexy, by associations with symptoms not found in tumor.

LOCALIZATION. If tumor of the brain can be diagnosed with comparative ease, it is exactly localized only with difficulty. The reflexes, optic nerve changes and convulsions, commonly indicate not only the presence of tumor but the side on which it is located. Time will not permit more than brief reference to a few points in the more definite localization.

The *frontal lobes* may be attacked without producing signs for years. There is likely to be a gradually developing general muscular weakness. If the lesion is in the frontal base, as in one of our patients, homonomous optic neuritis and atrophy may occur. The peculiar changes incident to frontal involvement are the mental. They do not present the picture of dementia as in lesions elsewhere. Nowhere have I seen more vivid hallucinations and delusions than in cases of frontal tumor. These are always worse at night. During the day the mind may appear very clear, the patient reasons well, and may even argue intelligently about his own condition. There is blunting of the sensibilities, however, the development of low or immodest ethical standards, and often exaltation not dissimilar from that witnessed in early paresis in which the central lesion is often in the frontal regions. The frontal, or rather prefrontal lobes are at present almost uniformly regarded as the seat of the higher psychic functions and the changes witnessed

Digitized by Google

are accordingly the ones that would be anticipated. The clinical characteristics of tumor of the frontal lobes were well illustrated by the patient whose brain I exhibited tonight. This was a tumor, apparently carcinomatious, of the cortex, extending through almost to the base, of the second and third frontal convolutions on the left side. The patient, a male, aged 45, had suffered from "sick headaches" since boyhood, and had never been a strong man. In December, 1904, he had an attack of la grippe. In January his headache became more severe. He lost consciousness at times and complained of muscular weakness. His physician diagnosed the trouble as apoplexy or embolism. He came to Crystal Springs in April. At that time he suffered from intense bursting headaches, worse at night, especially in the frontal regions, dizziness, inability to keep his mind concentrated, and slight but inconstant aphasia. The tongue was thrust out toward the right, the pupils dilated, the left larger than the right, and both reacted slowly to light. The patellar reflexes were increased, more so on the right side. Hand grips were about equal and the patient when walking with eyes closed, turned somewhat toward the right, this being due to the fact that his steps with the right foot were shorter than the left. His mind was clear much of the time; occasionally he experienced vivid hallucination of sight and often exhibited remarkable acuteness of hearing. At other times there was considerable apparent deafness. Late he became stuporous, but when roused seemed to understand fully all that was said to him. There was an extensive optic neuroretinitis with large hemorrhages. The left optic papilla projected four and one-half diopters, the right two and one-half diopters forward, and the left retina in addition showed much more extensive hemorrhages than the right. The motor phenomena were remarkably slight considering the proximity to the Rolandic regions. Because of the huge size of the growth, much more pronounced involvement would have occurred had it been situated almost anywhere else. The rapidity of development was somewhat unusual, but not rare. The patient died in July, six months after the first symptoms definitely referred to the brain.

The *middle lobes* contain the cortical motor areas, and lesions therein result in paralytic phenomena, partial or complete. Lesion in the motor tracts may occur either high up or low down toward the Pons. It is wise to recall that the motor fibers converge like the branches of a tree, from above to the stem, and a large lesion in the cortex will produce no more trouble than a very small one at the Pons. With the latter there will almost certainly be found involvement of special or cranial nerves.

Involvement of *Broca's convolution* produces the well known aphasia or paraphasia. It must be remembered that aphasia may sometimes occur in right side lesions, as in an apoplectic we are caring for at present. This is especially true in left-handed persons.

Occipital involvement produces nearly always, persistent occipital headache. In addition, I have seen two patients with occipital lesions who, during convulsions fell over backward—not a usual occurrence

Digitized by Google

from lesions elsewhere. Double vision also is witnessed, especially in lesions near the occipital median line.

Temporo sphenoidal lesions often cause auditory disturbances, such as severe vertigo, tinnitus, loud sounds in the head like escaping steam, and as in a case of abscess which I once saw, extremely low pulse.

The *Parietal lobe* is essentially a blind spot, i. e., its involvement produces no definite symptomatology. The Basal ganglia similarly when the seat of tumor give rise to localizating symptoms only by pressure upon the surrounding motor fibres. The cerebellum is a field by itself and will not be discussed.

Lastly the PONS. This is the point from which the cranial nerves from the third to the twelfth take origin. Its involvement therefore means interference with special functions, and as a result there may be loss of taste sense, difficulty in swallowing, respiratory trouble, a very slow, and often uneven pulse, together with extensive and far reaching muscular paralysis. One or all of the cranial nerves may be involved, and pontile lesions are amongst the most interesting of brain troubles.

For all practical purposes the localization given above, though far from complete, answers the purpose of the average diagnostician and is adequate for therapeutic reasons. More exact knowledge can come in most cases only at the necropsy, or rarely, through exploratory operation, although in occasional instances an exact diagnosis is not a difficult matter without such aid.

Albuminuria in Nephritis and Bright's Disease.

A. Stengel, Philadelphia (Journal A. M. A., January 6), calls attention to the fact that albuminuria is by no means always indicative of permanent nephritis or Bright's disease, unless it is considerable in amount and more or less constaint in occurrence. He states that the nature of the accompanying tube casts must not be too greatly relied on to determine the seriousness of the renal lesion, and he states particularly that the occasional or even the frequent appearance of hyaline casts must not be regarded with too much apprehension. Modern methods of centrifugation increase the likelihood of finding casts. Even the definite hyaline cast, as distinguished from the insignificant cylindroids of the mildest grades of renal irritation, is also so frequent in cases of arterio-sclerosis, cardiac or hepatic disease and in gouty conditions, without serious kidney disorder that its significance is comparatively trivial without general corroborative clinical symptoms. He does not underestimate the importance of urinary symptoms, but thinks that the meaning of a trace of albumin is often exaggerated, and that, in case of suspected renal disease, frequent examinations of the urine are required and its constant or fluctuating condition should be taken into account.

Digitized by Google

PRE-TUBERCULAR SIGNS AND SYMPTOMS

By J. N. ALLEY, M. D.
Lapwai, Idaho

Read before the North Idaho District Medical Society,

To recognize tuberculosis in its early stages requires the greatest skill, which, in return, is recompensed by the highest reward, since the disease is curable.

It is my aim in this short paper to state a few of the signs and symptoms which are noticeable before the onset of the disease, at least before the tissue changes.

Among the predisposing causes may be mentioned the following: Indigestion, anaemia with disturbed menstrual function in the female, bronchitis, bronchic pneumonia, measles, tonsilitis, pneumonia, enteric, and other fevers, and occupation.

Symptoms of this disease come on very insidiously, as well as very irregularly, often the earliest complaint being a very stubborn case of indigestion, which the ordinary remedies seem unable to relieve. Various other signs, such as neuralgia, headache, rheumatic pains, soreness of the muscles, and not infrequently a slight attack of appendicitis may develop. There is a progressive loss of weight and strength. The patient will complain of not being able to accomplish as much work as formerly, that it requires a great deal of energy to do any work at all, becomes weary, often does not sleep well. On close questioning this class of people will tell you that their clothes are becoming too large, that a smaller size of garment is worn now than formerly. They take very little interest in pleasures, give up all games and often retire from society. In children, if closely watched, it will be noticed that they would rather sit and watch their companions play, and they seem to take but little interest in the games. If asked why they do not join they will give as the reason that they are "too tired." This class of patients, as a rule, is afflicted with everything that comes along—tonsilitis, then influenza, bronchitis, and I might mention numerous other afflictions.

A friend of mine who was physician for a large penitentiary in the East kept a close record for a period of twenty years, and he found that of those inmates who were constantly answering the "sick call," seemingly without cause at times, 75 per cent. of them developed tuberculosis. A matron once complained to me about one of her girls. This girl, she said, was always complaining of being tired. She declared the girl was so lazy that she was a nuisance. I kept watch on the girl and two years afterward the disease developed.

Digitized by Google

I think one of the most constant complaints of tubercular patients in the earlier stages is the loss of strength and energy and a tired feeling in general. When you observe a patient who constantly catches cold at every change of the weather, often afflicted with tonsilitis, and on inspection the tonsils will seem to be inflamed and punched full of holes, constant bronchial catarrh which may be very slight, progressive loss of weight, strength and energy and inability to perform ordinary labor without great exertion; if you find anyone answering these symptoms, and there is no other disease to account for, then keep incipient tuberculosis in your mind and watch such a patient, for the majority of cases will sooner or later develop the disease.

Often physical examination will give but little light, for the disease has not advanced far enough to produce tissue changes and give the typical signs. The microscope will be of little use, for the bacilli do not appear in the sputum but rarely at this stage of the disease. The diagnosis must rest entirely upon little points which often go unnoticed. The physical signs are not marked. On inspection will be found slight emaciation, shoulders high, scapula slightly winged and various other irregularities. The typical chest is not always present by any means. I believe it is in the minority.

Mensuration: The respiratory wave is generally slightly limited, but I have seen just such patients expand five inches.

Ausculation may give but few signs, or even no signs. Harsh breathing at one of the apexes may be heard.

Percussion, as a rule, is negative.

The temperature wave, if closely watched, will often give us a key to the trouble. While it is often normal in the beginning, yet the evening temperature will be slightly above normal, often not more than one-tenth of a degree.

It has been my object to call your attention, in this paper, to the more chronic forms of the disease, which develop more slowly and give us greater opportunities for more rational treatment.

To illustrate, I will give you the history of a case that I observed some years ago. E. P., age 17; P. H., good; family, H.; father and mother living and healthy; one brother and sister living and healthy, although the older sister had some glandular trouble when about 19.

PERSONAL HISTORY.

No history of any of the family dying with tuberculosis. In May, 1897, I was first consulted in regard to a dysmenorrhea. I found the girl to have a good physique, strongly built, chest well developed, and she looked in perfect health. She complained of very painful and scaly menses. On examination, the genital organs seemed normal. She was given iron and arsenic, which gave but little relief. Six months later the cervix was dilated, but very little relief was given by this procedure. The patient was not under my care again until 1899, when she returned, having gone the rounds, and was still suffering from the same complaint and in addition neuralgic pains. I at once recognized that she had lost weight, and that she did not look as stout as formerly. She also complained of being tired and worn out, and on

Digitized by Google

examination I could find nothing to indicate pulmonary trouble but the loss of weight and strength. By a process of conclusion, I told the parents that there might be tubercular trouble. Her sputum was examined and re-examined with negative results, and as this was during the age that the microscope's reign was absolute, the diagnosis of tuberculosis was passed by. In August, 1903, I again saw the patient, after an absence of three years. I noticed quite a change in her physical appearance. She was no longer the strong, stout-looking girl that she had been. I happened to meet her in a depot, and she told me that she had been advised by her physician to get married, and that the happy event would soon take place. In September, 1904, she gave birth to a child and active tuberculosis developed and she passed away in March, 1905, just seven years after she first consulted me. Had rational treatment been followed out I have no doubt but that the result would have been very different and she would probably have been living today.

Diet in Nephritis.

F. C. Shattuck, Boston (Journal A. M. A., January 6), lays down the following as the leading principles pertaining to the dietetic treatment of nephritis: 1. Such control as we may have today of nephritis lies in diet and mode of life rather than in drugs. 2. Such drugs as are useful are so in their effect on the general organism and the heart rather than on the kidneys directly. 3. In all cases of nephritis the main aim is to spare the kidneys unnecessary work, remembering that the urinary system is but one, of the many, making up the body. 4. In acute nephritis, as well as in the acute exacerbations of the chronic forms, Doctors, Diet and Quiet should work together. Starvation for a few days, regulated by the intensity of the process and the strength of the patient, is the keynote here. 5. In the chronic forms the aim is to lighten and to lengthen life. Especially in the contracted form of kidney disease, many years of life and comfort may depend upon the physician's skill in adapting sound principles to the particular case and in securing the co-operation of the patient in persistently carrying out the directions given. Dietary restriction should, in the main, be quantitative rather than qualitative. Alcohol in moderation is not necessarily a poison and may be an aid to digestion. 6. The excess of proteid, not proteid itself, is harmful to the chronically sick kidney. 7. A varied diet is more likely, than a monotonous one, to promote the making of good blood and improving the general nutrition, and that of the myocardium in particular. 8. The amount of albumin is in itself no guide as to the extent of dietary restriction. Shattuck remarks the advisability of a relatively dry diet in dropsical cases, proportioned to the degree of dropsy. In cases of contracted kidney, even without dropsy, he thinks physicians have erred in forcing water, and that the main service von Noorden has rendered is in advocating the limitation of liquids.

Digitized by Google

Medical Societies

Portland City and County Medical Society.

The regular meeting of the above society was held on January 17th, Vice-President Skene in the chair.

Dr. R. T. Boal was received into the society.

Dr. R. C. Coffey exhibited a lung and stomach from case in which he had done partial gastrectomy and gastroenterostomy for cancer of pylorus, the patient dying of lobar pneumonia, following anaesthesia. The operation was performed after the method of Mayo—removal of tumor and closure of pyloric end of stomach. Lobar pneumonia was typical, with chill three hours after operation.

Also a specimen of tumor from nose, which he now thought a fibroma, though called at first a sarcoma. It was of two years duration, grown from the nose out through the jaw, without infiltrating. The carotid was ligated and he used Ferguson's operation; opened through under orbit into nose and ethmoid cells. Tumor seemed to spring from anterior portion of occipital bone.

Dr. Coffey reported case of chronic constipation; drugs had absolutely no effect; pain of dull type in colon. First operation the appendix removed through incision in right rectus muscle, then incision in left rectus muscle, but nothing found. Later operation insisted on. Ileum cut through about an inch from cecum; distal end closed; proximal end anastomosed to segmoid; three weeks since operation; bowels now moving daily without drugs. Found two or three ulcers in descending colon. Author said this was a new operation—ileo-sigmoidostomy. The author believes this to be the first operation of the kind recorded, and the diagram illustrating the procedure was placed on record with the secretary of the society.

Dr. J. C. R. King read the paper of the evening on "The Finsen Light." He said that since the brilliant conception of Finsen and its practical use, some of his theories have been modified by others, especially by Dreyer of Copenhagen. The ideas used by Finsen were not new, but his use of them was an innovation in the treatment of skin diseases, and especially of lupus. The author the took up the influence of light on the skin. Electric light has a very similar effect to that of the sun's rays; produces a similar erythema. This is produced when electric light passes through quartz plate, not through a glass plate, as the ultra violet rays are absorbed by glass. The bacteriocidal power of light belongs principally to blue and blue violet rays of the spectrum, through all rays, except the red, have some effect. Those rays which have the strongest bacteriocidal effect are most efficient in producing inflammation. Finsen used electric light on account of its richness in ultra violet rays, as in the sun's rays the ultra violet portion is largely absorbed by the air. The ultra violet rays have almost no penetration. Dreyer of Copenhagen tried to render skin more easily penetrable by the ultra violet rays, using sensitizing substances which are indifferent; that is, not harmful to bacteria. He found that the almost powerless red to yellow rays had marked bacteriocidal effect when the tissues had been sensitized by the use of erythrosin. Animal tissues can be sensitized in the same manner as bacteria, and this has bee a tremendous help in the

Digitized by Google

therapeutical action in skin diseases, owing to the great penetrative power of the red end of the spectrum. The cause of this difference of action when the tissue has been sensitized has not been explained. This is not dependent on flourescence or selective absorption of rays, nor upon formation of toxic material. The therapeutic value of the Finsen light has been modified and increased by Dreyer's discovery. In the Finsen method only an area the size of a five-cent piece can be treated at one time, owing to the small size of the quartz lense. The Dreyer method does not depend upon the ultra violet rays, and so a much larger surface can be treated and in one-quarter to one-third the time. The process is also a great deal cheapened. The field of treatment can be widened greatly owing to the great penetration.

Drs. Nunn, Gilbert, Tilzer and Binswanger took part in the discussion.

Dr. King, in closing, said that the Finsen method was of no value in treating cancer, but was of great value in treating lupus, alopecia, acne rosacia, etc.

Amaurotic Family Idiocy.

M. Frank, Chicago (Journal A. M. A., January 20), reports briefly a case of this condition, describes the characteristic fundus changes and reviews the literature regarding them. The characteristic ocular symptoms which remain unaltered through the course of the disease, consist in a nebulous grayish-white area surrounding the macula about three times the size of the disc, somewhat oval in shape, with the major axis horizontal, and gradually blending at the edges with the normal fundus. At its center, coinciding with the fovea but larger, is a clearly defined dark red or liver-colored spot. Surrounding this can be seen the tiny retinal vessels. Strabismus and nystagmus have been observed in some cases. There is no recorded regularity in the pupillary conditions. The other symptoms of the disease, the marasmus, the mental failure, and ultimate paralysis, together with the hereditary or family tendency are mentioned, together with the optic atrophy and blindness. Frank attributes the pathognomonic eye changes to swollen and degenerated ganglion cells rather than to an edema; the constancy of the phenomenon and the lack of veiling of the vessels are against edema. He summarizes the cases reported up to date, 54 in all, with 22 others referred to. Where race data were given the great majority are Jews. There have been 12 postmortems, and in six cases the eyes were microscopically examined.

Among fractures of the carpal bones the scaphoid is the one most liable to be involved. This injury is often overlooked on account of the absence of the ordinary signs of fracture, but should be suspected in the presence of localized pain, tenderness and swelling over the region of the bone.—International Journal of Surgery.

Digitized by Google

Correspondence

Did Dr. McCormack Exaggerate?

To the Editor of the Medical Sentinel: I have just read the able editorial on Dr. McCormack's paper, which scores the profession in Oregon, in the January number of the Medical Sentinel. Before I received the Sentinel, a friend, a prominent physician in an Eastern city, sent me a copy of the A. M. A. Journal, marking Dr. McCormack's article with a large interrogation point. The first perusal of the article created in me a retaliative spirit, and I felt like giving Dr. McCormack a piece of my mind then and there; but after rereading and reflecting, I asked myself, Is it true? Does my four years' experience in the profession in Oregon bear him out in his assertions? Not altogether; but since reading the article in the Sentinel and reflecting again, I must admit that, while somewhat exaggerated, there is much truth in what he writes.

I am not a member of the A. M. A., the State Medical Society, nor the Portland City and County Medical Society. While there are good reasons why I should belong to at least one of them, I have always maintained that mens sibi conscia recti was true of every gentleman and that what is right is ethical, nothing else can be. No man, or association of men, have any right to dictate to their brethren what is ethical. I have always stood for a free lance in my profession. As long as doctors showed me the same courtesy I found in any other profession, I would consult with them; I care not to what creed or school they belonged—homeopath, allopath, hydropath, osteopath, or even a naturopath. The latter seems to be a strictly feminine "path" in Oregon, and sounds rather suspicious, but if she will only be courteous, I am willing to meet her half way.

While I belong to none of these associations or societies, I believe I am a decent member of the profession. I am a subscriber for the Sentinel, and I have a sincere interest in the progress of medicine in the state; and I believe the views of an honest non-member might be of interest, and hence I have asked the editor of the Sentinel for this space.

The impression that one gets from reading Dr. McCormack's article that jealousies and discord exist in the profession in Oregon as in no other state, is very much exaggerated. While Portland may be in a very bad way in this respect, I am sure that, unless things have changed considerably for the better in the past four or five years, I can point out one city in an Eastern state where professional discord is just as bad as it is here. Even in Chicago, in the winter of '95, the stream did not flow as smoothly beneath the surface as the doctor would have us believe. We will let that pass, however, and not throw stones.

But the offense to me as a member of the medical profession in Oregon is, that an outsider, who is so deeply interested in our welfare and progress for a consideration, should come here, tell us our lawns were well-kept, that our roses were beautiful, then go round to some of our back doors, point out some cesspools and tell us that we were all nasty.

Referring to the Portland City and County Medical Society proceedings, I think Dr. Wm. Jones pressed the right-idea button when he said: "They attached too much importance to the

Digitized by Google

article by Dr. McCormack; that he is representing a small coterie of individuals whose local habitation is Chicago and who own the A. M. A. Journal." This is true, too true perhaps; but he might have added with as much truth that there was a small coterie of surgeons in Portland who were unethical towards each other, who sought by questionable methods to control the surgical practice in the state, and who were in a great measure responsible for whatever inharmonious conditions exist in our metropolis.

I will relate an incident in my own experience. About two years ago a fairly intelligent, well-to-do stockman consulted me. His case was so plainly and unmistakably a surgical one that I advised him to go to Portland and have an operation performed. I mentioned three surgeons and told him to consult any or all of them. Instead of remaining in Portland six or eight weeks as he should have done, he returned in ten or twelve days. He anticipated my surprise and said: "Doctor, those surgeons in Portland are a pack of snapping, snarling coyotes. I called on Dr. No. 1, who treated me courteously and told me what would have to be done, etc. I next called on Dr. No. 2 and he treated me very politely, but when I told him what Dr. No. 1 had said about my case, I saw he did not like it a bit. Dr. No. 3 was even worse. When I went back to Dr. No. 1 and told him what Drs. Nos. 2 and 3 had said about my case, he grew furious. So I decided about all they cared for was the size of the wad they could get out of me and each was afraid the other would get it, and I said to myself they could go to h—l. I went to see that Chinese doctor. He treated me for awhile, and I felt so much better that he told me I could come home and he would treat me by mail." It is barely possible that you can imagine my chagrin and mortification at this recital. But I will add that this man had to make a business trip to the home city of the A. M. A. Journal and while there had an operation performed.

I had taken two examinations before I took this one four years ago and this one compared very favorably with either of them. At the time of my examination I saw applicants consulting notes and books pretty freely in making out their papers; however, that had nothing to do with the grade of the examination or the examiner, but it was the faulty method of holding the examination. Since the subjects in which the applicants must be examined have been increased, and each application is examined on his own merits, I am sure no incompetents will be admitted.

I believe our laws are ample and sufficiently stringent, if we had some effective way in reaching those who violate them. I do not believe the burden of arraigning and prosecuting a violator should rest entirely on the licensed physicians of a community; it is enough for them to be witnesses in such cases. It is the duty of the prosecuting attorney to bring them to justice, and they should be brought before the grand jury like any other violators of the law.

I went to a growing, thrifty town in the state where there was a fellow, who had neither license nor diploma, was not even a man of fair morals, doing all kinds of practice. I talked with two other physicians of the town in regard to it, but they said efforts had been made to stop him and nothing could be done. In conversation with one of the leading citizens of the town, I ingeniously lead up to this fellow's practice. Among

Digitized by Google

other things, he said: "If you fellows with your license and diplomas can't compete with this fellow, you had better go." I went.

So far as the schools of Oregon are concerned I am unable to answer except from what few graduates I have met in practice. The most discourteous and ungentlemanly treatment I ever received in consultation was thrust upon me by a graduate of an Oregon school. That was not the fault of the school, but the man; he would have treated me the same if he had graduated in Chicago or New York. I saw a graduate of an Oregon school curette a uterus for the pains of gallstone colic. But no school has a monopoly on poor graduates, nor good ones.

Let us admit that our affairs are bad enough without any exaggeration, what are we going to do about it While the adoption of the resolutions of Dr. Josephi may prove a kind of lead-and-opium wash to our hot and wounded feelings, will that remove the rubbish which still remains in our back yards?

Since Dr. McCormack has, at the direction of the A. M. A., taken an Asmodeus flight, and, waving the roof from our house, has peeped down and caught us in the act, are we going to do nothing but tell our brethren that he was very impolite to pry into our privacy? Even if our Augean Stables do not need cleansing, are we going to let the A. M.A. send some Hercules to turn the purifying waters of their journal upon us? It is up to us, and I a msure, very sure, we are able to take care of ourselves.

WALTER BROWN, M. D.

Cloverdale, Ore.

Infantile Paralysis.

P. Le Breton, M. D., Buffalo, N. Y. (Journal A. M. A., January 6), describes the general and special methods and indications for the relief of the deformities and weaknesses resulting from anterior poliomyetlitis after the subsidence of the acute stage. He lays down the general principles of treatment and applies them to the various special conditions. Each special deformity or paralysis is mentioned and the particular appliance or treatment required is pointed out, the object being to supplement the generally deficient data of the text-books and to give in concise form the latest methods and practical points of use to the practitioner. In conclusion the various operative methods, nerve and tendon transplantation, arthrodesis, and linear osteotomy are described with their special indications and modifications for different conditions. Le Breton insists on the importance of the physician foreseeing and preventing deeformity as far as possible in these cases and of special individual treatment. The article is illustrated.

In the treatment of intussusception the irrigation method should not be persisted in for too long a period, 48 hours being the maximum limit. The fluid should not be injected under high pressure, the irrigator not being suspended more than one and one-half or two feet above the patient.—International Journal of Surgery.

Digitized by Google

Book Reviews

Progressive Medicine, Vol. IV., December, 1905. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 367 pages, 41 engravings, and five full-page colored plates. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

With this volume Progressive Medicine completes its seventh year of publication. The work has from its inception embodied an earnest effort to present a contemporary record of the best that is being thought and done in medicine, both from a scientific and practical standpoint. It is gratifying to learn that for the year 1906 the original plan of the work will not be changed, and Dr. Hare will continue his able editorial control, and the reader may depend upon finding exactly what he wants to know presented in the clearest manner.

Hare's Therapeutics. A Text-book of Practical Therapeutics, with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Physician to the Jefferson Hospital, etc. New (11th) edition, enlarged and thoroughly revised to accord with the eighth decennial revision of the U. S. Pharmacopoeia, 1905. In one octavo volume of 910 pages, with 113 engravings and four colored plates. Cloth, $4.00, net; leather, $5.00, net; half morocco, $5.50, net. Lea Brothers & Co., Philadelphia and New York, 1905.

The first edition of Hare's Therapeutics was published fifteen years ago, and the rapidity with which the various editions have sold, has enabled the author to keep his book always abreast of the times—a most important matter in so progressive a subject as therapeutics. The volume is divided into two main sections, the first dealing with drugs, remedial measures and foods for the sick, and the second with applied therapeutics, or the use of drugs in the treatment of disease. Each section is arranged alphabetically to facilitate reference, and the two are closely cross-referenced, so that complete information on any point is easily found. There are two indexes, one of drugs and the other of diseases and remedies. The latter is annotated, and thus affords at a glance a suggestive list for selection of the most appropriate agent according to the indications of the case. It would be difficult to conceive of a work answering the needs of students and practitioners better than this, either in plan or execution.

Neurotic Diseases of Children, Including a Study of Auto and Intestinal Intoxications, Chronic Anaemia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc. By B. K. Batchford, M. D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati, etc. Price, $2.75. New York: E. B. Treat & Co., 1905.

Part of this book contains the revised papers which have been published in the Archives of Pediatrics,

Digitized by Google

with the additions of chapters on Gastro-Intestinal Toxemia, Auto-Intoxications and Chronic Systemic Bacterial Toxemias. Part 2 of the book deals with the individual neuroses. A careful study is given of the many neurotic disorders of childhood, and the author has presented in a helpful manner the etiology, symptomatology and treatment of these diseases.

Biographic Clinics. Vol. III. Essays Concerning the Influence of Visual Function, Pathologic and Physiologic, upon the Health of Patients. By George M. Gould, M. D. Philadelphia: P. Blakiston's Son & Co., 1905.

The able editor of "American Medicine" has made himself felt by the articles which he has collected in three volumes under the head of Biographic Clinics, and this third volume will be heartily welcomed. The articles which appear in this volume have already been studied by Dr. Gould's admirers, but his publishers have rendered a service to the profession by collecting them into a compact form. It is very certain that the careful physician who reads this book will in many of his diagnoses give more careful consideration to the subject of eyestrain than ever before. Dr. Gould writes in an enthusiastic and convincing manner, which is alike entertaining and instructive.

Park's Pathogenic Micro-Organisms. A Manual of Pathogenic Micro-Organisms, including Bacteria and Protozoa. For Students and Practitioners of Medicine and Surgery and Health Officers. By William Hallock Park, M. D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, and Director of the Research Laboratory of the Department of Health, New York. New (2nd) edition, enlarged and thoroughly revised. In one octavo volume of 556 pages, with 165 engravings and four full-page plates in black and colors. Cloth, $3.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The sections on Bacteriology of the first edition of this valuable work have been thoroughly revised and brought to date; those upon the Protozoa are entirely new. The volume reflects the latest knowledge in its whole domain. The practical side of the subject is kept uppermost by the author, and the needs of the student, the practising physician and surgeon, as well as the health officer, are kept constantly in mind. The language throughout is exceptionally clear, the arrangement is convenient and logical, the details of laboratory technique are complete, but not too intricate for office use, and the illustrations are well executed, well selected and most helpful.

Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual. By C. H. Bouchard, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and New Chapters added, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, New Castle-Upon-Tyne; Formerly Examiner in Medicine, Royal College of Physicians, London. Second revised edition. Crown octavo, 342 pages, extra cloth. Price, $2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

The distinguished Frenchman whose lectures are here given is an authority

Digitized by Google

on the subject—a subject that demands serious study of every practitioner. These lectures are an inquiry into the operation of poisons introduced from without, or generated within the body of man, and the part they play in health and disease. Setting aside the chapters on the "Toxicity of Urines," in which Professor Bouchard is, perhaps, seen to best advantage, the lectures devoted to typhoid fever and cholera contain suggestions of considerable value from a therapeutic point of view.

Operative Surgery. For Students and Practitioners. By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the New York Post-Graduate Medical School, Surgeon to the Harlem, Post-Graduate and Columbus Hospitals, New York. Second edition, thoroughly revised. With 265 illustrations, including many full-page plates in colors and half-tone. 628 royal octavo pages, extra cloth, $4.50, net; half morocco, $5.50, net. Sold only by subscription. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

The author of this book has sought to combine, in a practical manner, the subjects of surgical anatomy and operative surgery. Diagramatic drawings have been used largely for the purpose of illustration. Anatomical considerations that are purely technical and not of practical value in the performance of surgical operations, have been excluded. In the second edition many instructive illustrations and much new and interesting descriptive matter have been added. In the section upon the abdomen, the subject of gastro-enterostomy and the surgical treatment of diseases of the stomach and intestines have been treated in minute detail. The recent advances in the surgery of the prostate gland have received due consideration in the revision of the section upon the urinary organs.

Essentials of Materia Medica, Therapeutics, and Prescription Writing. By Henry Morris, M. D., College of Physicians, Philadelphia. Seventh editon, thoroughly revised. By W. A. Bastedo, Ph. G., M. D., Instructor in Materia Medica and Pharmacology at the Columbia University (College of Physicians and Surgeons), New York City. 12mo, 300 pages. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $1.00, net.

For the student this volume is the series of Saunders' Question Compends, is very practical. This edition is brought into accord with the new Pharmacopia of last year, the new remedies being introduced, and their therapeutic doses and uses are indicated. A mine of the most valuable information is contained in its 300 pages.

Gall-Stones and Their Surgical Treatment. By B. G. A. Moynihan, M. S. (London), F. R. C. S., Senior Assistant Surgeon to Leeds General Infirmary, Leeds, England. Second edition, revised and enlarged. Octavo of 458 pages, beautifully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

A new work or a new edition by this author is always an event in surgical literature, and it is no wonder that the first edition was exhausted in eight months after its publication. There are some seventy pages more in this edition than in the first, and these extra pages are made necessary by the introduction of sev-

Digitized by Google

eral additional case records and a number of new illustrations. A very valuable chapter is added, on Congenital Abnormalities of the gall bladder and bile ducts. The illustrations are very fine, especially the nine colored plates.

A Text-Book on Modern Materia Medica and Therapeutics. By A. A. Stevens, A. M., M. D., Lecturer on Physical Diagnosis, University of Pennsylvania; Professor of Pathology, Woman's Medical College of Philadelphia. Fourth edition, revised. Octavo of 670 pages. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $3.50, net.

This text-book has been adapted to the Eighth Decennial Revision of the Pharmacopeia, and its fourth edition appears at a most opportune time. The clear, concise diction is a strong feature of the work. New articles have been added on Scopolamin, Ethyl Chlorid, Theocin, Veronal, and Radium, besides much new matter to the section on Radiotherapy. The numerous changes in name or strength of various drugs and preparations, as called for by the new Pharmacopeia, have also been made. This is one of the indispensable volumes for the practitioner's shelf of reference books.

Minor and Operative Surgery, Including Bandaging. By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's College; Surgeon to the Presbyterian Hospital, Philadelphia, etc. New (6th) edition, enlarged and thoroughly revised. In one 12mo volume of 642 pages, with 532 illustrations. Cloth, $3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

In the many revisions of this work, its scope has been gradually broadened in response to the suggestions of its many readers, so that this sixth edition really covers all except what might be called capital surgery. Thus there have been included many operations such as Tracheotomy, Intubation of the Larynx, operations on the Stomach, Gall-bladder, Kidney and Intestines, and those for Appenlicitis and Hernia, together with many others which are somewhat beyond the vague line which separates major from minor surgery. The increased attention which is given in the medical colleges to operative procedures on the cadever and the importance of this method of instruction have led the author to include those operations which can be advantageously taught in this way, such as Ligation of Arteries, Amputations, Excision of Joints, Operations upon the Nerves and Tendons, Intestinal Anastomosis, etc., etc. The various bandages and surgical dressings are clearly described, and illustrated by numerous engravings, many of which are photographic, and all of which are most helpful. Particularly will the helpfulness of the illustrations be shown in the section on bandaging where almost every variety of bandage or dressing is explained in detail, and shown with such clearness that a novice could scarcely fail in the application of one. The importance of sepsis and antisepsis has received full consideration, and Surgical Bacteriology is covered in a special chapter.

Nervous and Mental Diseases. By Archibald Church, M. D., Professor of Nervous and Mental Diseases and Medical Jurisprudence in Northwestern University Medical School, Chicago; and Frederick Peterson,

Digitized by Google

M. D., President of the State Commission in Lunacy, New York; Clinical Professor of Neurology and Psychiatry, Columbia University. Fifth edition, revised and enlarged. Octavo volume of 937 pages, with 341 illustrations. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

It is not to be wondered that this complete and authoritative volume has already gone to a fifth edition. The entire section of Nervous Diseases, which was prepared for the earlier editions by Dr. Church, has been carefully revised by him and thus placed in accord with the most recent psychiatric advances. Dr. Peterson, in his section devoted to Mental Diseases, has added the Kraepelin classification of insanity to the chapter on classifications for purposes of reference, and new chapters on Manic-Depressive Insanity and Dementia Praecox included. A number of the illustrations have been replaced by newer and better ones.

A Text-Book of Clinical Diagnosis By Laboratory Methods. For the use of Students, Practitioners, and Laboratory Workers. By L. Napoleon Boston, A. M., M. D., Associate in Medicine and Director of the Clinical Laboratories at the Medico-Chirurgical College, Philadelphia. Second edition, revised and enlarged. Octavo of 563 pages, with 330 illustrations, including 34 plates, many of them in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $4.00, net; Sheep or Half Morocco, $5.00, net.

The author seeks to make his book a practical guide, and the methods he describes are such as can be carried out with a minimum of complicated apparatus. Special attention has been given to outlining in progressive steps the various procedures in clinical technique, such steps being illustrated wherever possible. Besides the detailed descriptions of methods of examination, the diagnostic significance of the clinical findings is given under special headings and is frequently accompanied by tables of differentiation. In the chapter on the blood the more recent methods of examination and staining are described and illustrated by original drawings, and the subject of serum-diagnosis is carefully considered. The protozoan parasites known to invade the blood of the lower animals are described in connection with the malarial parasite. An unusual amount of space is given to the consideration on Animal Parasites, Diseases of the Skin, Transudates and Exudates, and the Secretions of the Eye and Ear. Inoscopy and Cytodiagnosis have been briefly considered.

Diseases of the Kidney, Diseases of the Spleen, and Hemorrhagic Diseases. By Drs. H. Senator and M. Litten, of Berlin. Edited, with additions, by James B. Herrick, M. D., Professor of Medicine in Rush Medical College, Chicago. Octavo of 816 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; Half Morocco, $6.00, net.

Senator's book on Diseases of the Kidney has always seemed to many students to be a model. It is clear in style, systematic in arrangement of facts, logical in reasoning, not prolix, and with a due sense of proportion, it leaves little to be desired. The immense literature of diseases of the kidney has been carefully gone over by Senator, and so well digested, that

Digitized by Google

one finds little to criticise. At the same time Editor Herrick has emphasized and enlarged upon certain points, especially such as are of value to the practitioner—points on Treatment, Diagnosis, Urinary Analysis, etc. Dr. Herrick has also added a few pages on the Theory and Value of Cryoscopy and Phloridzin Glycosuria, as aids in determining the functional power of the kidney. A few plates and figures have also been inserted.

The section on Diseases of the Spleen and the Hemorrhagic Diseases is added. Since Litten wrote, views concerning the Anemias, Leukemia, Malaria and other diseases, have materially changed, but his words as written have been given in this volume, with additions regarding the more recent views concerning malaria, and the relation of the mosquito to its causation, Splenic Anemia, Congenital Icterus with Splenomegaly, the X-ray in the treatment of Leukemia, etc.

Dose-Book and Manual of Prescription-Writing: With a List of the Official Drugs and Preparations, and the more important Newer Remedies. By E. O. Thornton, M. D., Assistant Professor of Materia Medica, Jefferson Medical College, Philadelphia. Third edition, revised and enlarged. 12mo, 392 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Bound in flexible leather, $2.00, net.

In revising the text of this edition, Dr. Thornton has made it conform to the new (1905) Pharmacopeia, the radical change in strength or name of many chemicals, drugs and preparations already official, and the admission of many newer remedies necessitating the re-writing of a number of sections. The appendix contains a table of much value, showing the change in strength of important preparations, and also a list of average doses for adults in accordance with the new Pharmacopeia.

Cleft Palate and Hare Lip. By W. Arbuthnot Lane, M. S., F. R. C. S., Surgeon to Guy's Hospital and Senior Surgeon to the Hospital for sick children, Great Ormond street, London. The Medical Pub. Co. Limited, London, 1905.

The operation for cleft palate, known by the writer's name, has been employed by him in several hundred cases, and the publication before us contains a resume of the various papers written by him on this subject from time to time. There are a number of excellent illustrations, and the publication is valuable and authoritative.

Man and His Poisons. A practical exposition of the causes, symptoms and treatment of self-poisoning. By Albert Abrams, A. M., M. D., (Heidelberg) F. R. M. S. Illustrated. New York: E. B. Treat & Co., 1906. Price, $1.50.

To one conversant with the subject, the contention of Bouchard is apposite—that man is constantly standing, as it were, on the brink of a precipice and continually on the threshold of disease. The human body is a receptacle and laboratory of poisons, and every moment of his life, man is exposed to the danger of being overpowered by poisons generated within his system. Dr. Abrams gives the latest knowledge on this subject, and one of his main contentions is that overeating is productive of much of the auto-poisoning from which mankind suffers. He insists that our dietetic sins can never be reformed by faddists; that the only danger is overeating.

Digitized by Google

OBITUARY.

The death is announced of Dr. S. D. McCauley, of Ellensburg. The body was brought to Portland for interment.

Dr. McCauley came to Oregon July 22, 1865, 40 years ago, having come by water by way of the Isthmus of Panama. He first settled at McMinnville, in Yamhill County, and afterward moved to Salem, graduating from the Medical Department of the Willamette University in 1868. He practiced his profession at Salem and Portland for several years. In 1887 he moved to Seattle, and finally to Ellensburg, Wash., where he continued till his death, which occurred Sunday, January 21, at the age of 85 years. Although weak through bodily afflictions, Dr. McCauley's mind remained clear to the end. During his long residence in Oregon he was the friend and associate of the prominent men of the old school of the state, respected for his high character by all who met him. He is survived by a daughter and son—Mrs. J. R. N. Sellwood, of Portland, and Dr. I. C. McCauley, of Ellensburg, Wash. Marion R. McCauley, of Lebanon, Or., was a brother.

A New Preparation for the treatment of septic and inflammatory conditions should hold great interest for the physician and surgeon, particularly when the article has been subjected to tests and trials which have demonstrated its efficacy with such positively beneficial results as to make certain that it is entitled to a prominent place in the category of drugs which the physician considers absolutely necessary in the treatment of diseases which are most frequently met with in practice. Extravagant statements concerning the action of a remedy do not establish confidence in its influence. Nevertheless, the seemingly marvelous results following the use of this new preparation have led all physicians who have tried it to express in the most positive and enthusiastic manner, their astonishment at the benefit obtained by its use.

This remedy is a combination of echinacea, thuja occidentalis and baptisia. It is placed upon the market under the name of Eusoma. Dr. Finley Ellingwood, of Chicago, Therapeutic Gazette, May 15, 1905, says of echinacea: "Its field covers the entire range of organic infection. Blood poisoning in all its forms is met more promptly with this remedy than with any single remedy or combination of remedies. In septicemia the promptness of its action has surprised every physician who has yet prescribed it. If it had no other influence than that of antagonizing direct septic infection, this would be sufficient to class it as of first importance among specific remedies for this purpose." While Dr. A. B. Matthews, of Elberton, Ga., in a paper presented to the Medical Association of Georgia, April, 1904, says: "Echinacea does play a part so marked in its influence upon the character of the blood as to be well worthy of the title 'a corrector of dyscrasia.'"

Eusoma, therefore, is a preparation which should be of use in the daily work of every physician. Full information and sample may be obtained by writing the manufacturers. The Eusoma Pharmaceutical Co., Cincinnati, O.

In operations on alcoholic subjects it should be remembered that the vitality of the tissues is often so low that the application of even moderate degrees of heat may give rise to sloughing.—International Journal of Surgery.

Digitized by Google

Extracts

Strychnin and Nitroglycerin in Circulatory Disorders.

O. H. Brown, St. Louis (Journal A. M. A., January 13), notices the mistake that is made sometimes in the use of these remedies in cases of circulatory disorder. He describes the mechanism of blood pressure, both in the general circulation and in the heart. Strychnin, acting on the vasomotor center, constricts the arterioles, causing a rise of blood pressure and a better coronary circulation, a better nutrition of the heart and a more efficient systole. Only exceptionally does it so stimulate the inhibitory vagus center as to produce no rise of arterial tension. Nitroglycerin, on the other hand, he states, dilates the arterioles, lowering blood pressure and ailing the heart by reducing the resistance against which it works. The two drugs are directly opposed to each other in their action on the circulation, and when one is indicated for its therapeutic effects the other is contraindicated. Strychnin is called for when there is a low blood pressure, a rapid heart and bounding and easily compressible pulse; nitroglycerin is indicated when the arterial tension is high, the heart rate slow, the pulse full and tense and the wave very slight. In case of muscular degeneration of the musculature of the heart the signs might be slightly different from the above.

The Breadth of the Profession of Medicine.

In his chairman's address before the Section on Nervous and Mental Diseases of the American Medical Association (Journal A. M. A., January 20), J. H. McBride, Pasadena, Cal., refers to the general progress of the specialty during the year and insists on the importance of original research on the part of the practitioner. Helpful as experimental work has been it is through the study of disease at the bedside that progress in neurology has chiefly been made. The seeming lack of interest in therapeutics is noted, and he remarks that this field is wide, and that the future will undoubtedly disclose remedial measures, other than drugs, that will be of value. There may possibly be a wider legitimate field for systematic mental therapeutics than is at present recognized. The importance of breadth of view and of wide knowledge of medicine in general is emphasized. The neurologist must not only be progressive but must also be an opportunist, ready to take advantage of any and all means and methods that will help to cure disease. There is no profession, he states, that is less trammeled by precedent or tradition than the medical profession, and it is not to the discredit but to the glory of medicine that it changes. "The world of knowledge grows; sciences are forever being reconstructed, and medicine must meet the demands of change and growth." In spite of all the discoveries, he believes we are yet at the beginning of what medicine will be.

Tent Cottages for Consumptives.

E. F. Ingals and J. M. Dodson, Chicago (Journal A. M. A., January 20), describe a form of ten cottage devised by Dr. W. T. Brown, superintendent of the Valmora Ranch, Watrous, New Mexico, and point out its advantages over the usual tent lodg-

Digitized by Google

ings advised for consumptives in that climate. The device provides for double roof with arrangements for ventilating the interspace, and partially removable sides, affording ample access for outer air during times of sleep. They are provided with sanitary conveniences, and at times of dressing and undressing the rooms can easily be heated with a stove, and then by the use of levers in a moment the patient is practically out of doors and yet protected from the severest storms. It affords all the convenience of a tent without its disadvantages. Dr. Brown offers to furnish plans and specifications of such a cottage to any physician desiring to construct one.

Patronize Your Home Journal.

Many of the best writers in the profession seem to ignore their local journals and send the best products of their pens to the great central journals. Our political and social systems are built upon the theory of a balance between the centrifugal and centripetal forces. Each of these presents advantages and defects that are obviated by the influence of the other. It would be a disaster to the community were the doctrine of States' Rights, and the principle of local self-government, to be overwhelmed by the excessive development of the influence of the central government.

It is a mistake for any medical community to neglect its home journals. Rightly or wrongly these must be taken as representative of the medical profession in their respective localities, and if the best men in each send their best efforts to the journals of general circulation only, the writers must suffer with the rest for the weakness of their home journals.—Alkaloidal Clinic.

Aneurism of the Renal Artery.

P. G. Skillern, Jr., Philadelphia (Journal A. M. A., January 6), publishes the 27th case in the literature of this condition, and briefly reviews other published cases. In his case the condition apparently dattd back fourteen years as the result of a fall, since which time the patient had suffered with irregularly periodic attacks of lumbar pain radiating down the right ureter, several of them accompanied with hematuria. These with the presence of yielding tumor and the histori and duration of the case, led to the suspicion of a hematonephrosis, but the operation revealed a tabulated aneurism of the right renal artery, which, with the partially disorganized right kidney, was removed. The patient made an almost uneventful recovery and was discharged cured, and in excellent condition forty-five days after the operation. The lack of mention of renal aneurism in the text-books is noted and the importance of reaching the renal pedicle and ligating the renal artery as soon as the nature of the tumor is discovered and before attempting to empty the sac, is emphasized. Skillern says: "In cases in which a fall from a height with evidences of resultant injury to a kidney has occurred, and in which there is hemorrhage, it would be well to consider the diagnosis of aneurism of the renal artery, which is a diagnosis more definite than that of essential kidney hemorrhage."

First Aid to the Injured.

Marcus H. Thomas, Huntington, Ind. (Journal A. M. A., January 6), calls attention to the importance to railroads, from an economic standpoint of instructing their employes in

Digitized by Google

first aid to the injured. He states that it is a matter of public comment that in spite of improved safety appliances railroad accidents seems to be on the increase. He quotes statistics showing the proportion of killed and injured in these accidents on American railroads and takes up particularly the casualties among railroad employes alone. He calls attention to the needs of the situation from a forensic standpoint and says that there exists today a lack of co-ordination between the legal and surgical staffs as a result of the one failing to grasp the importance of the other's work. He believes that here is a new field for the student of medical jurisprudence, and contends that the surgeon who is qualified in negligence law is in a position to render the most effective and economic service as an adjuster of personal injury claims. He calls attention to the work of the National First Aid Association of America, and reiterates the necessity for instructing railroad employes in first aid.

The Dumb Bell Intestinal Anastomosis

J. B. Bacon, Macomb, Ill. (Journal A. M. A., January 6), describes a new device for intestinal anastomosis, consisting of a hollow, dumb bell shaped aluminum bobbin, over which the invaginated intestinal walls are tied through a counter opening which is afterward sutured. Detailed descriptions are given of the methods for the various kinds of anastomosis, end to end, lateral and gastroduodenal. The following advantages are claimed for the appliance: Simplicity of construction and operation; absolute safety against leakage; quickness of application; impossibility of lodgement in the intestine; non-necessity of reinforced sutures; minimal amount of cicatricial tissue remaining. The article is illustrated.

The Non-Insane Psychoneuroses.

J. Punton, Kansas City (Journal A. M. A., December 2), proposes the name "psychosomatasthenia" for a large class of morbid mental conditions, including certain hysteric, neurasthenic and various other neurotic manifestations, which, often occurring after exhausting bodily ailments, fall under the care and observation of the general practitioner rather than that of the specialist, and the importance of which is liable to be misunderstood. He considers these as the forerunners of insanity, differing only in degree. Their fundamental nature he considers to be the same, a pathologic lack of inhibitory control of the higher mental directive forces, with consequent nutritional cellular instinctive and physical defects which seriously mar the power of the will, weaken the judgment and intellect, as well as excite or depress the emotional attributes in all degrees of intensity. Their causes are similar, being both congenital and acquired, while heredity, stress and toxicity are the chief factors of each. The psychopathic manifestations dominate, direct the prognosis and most urgently call for treatment. They are curable in their incipiency, but become incurable when neglected.

The leading article in The Living Age for December 30th is a lucid and forceful discussion of "The Revolution in Russia," by Prince Kropotkin. Its tone is calm but earnest, and its review of the situation as it has developed since the 1st of January is the most informing contribution which has yet been made to the understanding of existing conditions in Russia. The

Digitized by Google

article bears date of November 21st; and its prompt reproduction in The Living Age is a new instance of the way in which that periodical is kept up to date.

A Few Practical Points in Pediatrics for the General Practitioner.

T. W. Kilmer gives a number of suggestions intended to help the general practitioner in his management of the children who necessarily form a large proportion of his practice. In dealing with children it is essential to gain their respect, their confidence, and their obedience, and to do this tact is required. Children should not be deceived by being told that something is not going to hurt when it is, for in that way their confidence is irremediably lost. In examining an infant or young child it should always be undressed, and if asleep, it should be studied awhile before being roused. A child's chest cannot be auscultated without the use of a stethoscope, because the average adult ear would cover almost an entire lung of an infant. Sputum is obtained from babies by introducing a catheter, 21 F., into the esophagus, as the act of gagging forces the sputum which is in the esophagus into or on the catheter. The landmarks of an infant's chest are quite different from those of an adult's, and it is impossible to locate the apex beat without the use of the stethoscope. The throat and ears should always be examined when called to a sick baby. Adenoids should never be operated without an anesthetic, for the nervous shock more than counterbalances the risk of the anesthetic. A simple and practical system of milk modification that can easily be remembered is described, and a blank report is reproduced on which the mother is supposed to record an infant's progress.

Mrs. Frederic Harrison's article on "The Victorian Woman," which appears in The Living Age for January 6th, is written from a conservative point of view, but will be read with lively interest even by those who dissent from the writer's conclusions.

Objectionable Advertising.

C. S. N. Hallberg, Chicago, H. W. Wiley, Washington, D. C., and H. C. Wood, Jr., Philadelphia, give accounts of cases illustrating fraudulent claims of patent medicines, complexion powders, etc., and notice certain rulings of the postoffice department and of the law offices of the Government. For a time the postoffice department prohibited the sending of poisons through the mail. Influence has been brought to bear, however, and the ruling was changed so that it is possible to send any poison through the mail, provided it carries the label or superscription of the manufacturer or dealer. The authors call the attention of the department to the fact that in almost every state poisonous remedies must be marked with poison labels indicating their dangerous character, and it would be well for the postoffice department to follow their example. The ruling of the Department of Justice in regard to the withdrawal of mail privileges is rather loose, and many fraudulent medical concerns are working under it with impunity. The difficulty of obtaining legislation to mend the matter is chiefly in the fact that many of the senators and representatives are themselves the dupes of these concerns, believing that they really have some virtue.—Journal A. M. A.

Digitized by Google

Personal

Oregon.

Dr. Burgess is a new practitioner in Toledo.

Dr. J. M. Keene, of Medford, was in town recently.

Dr. R. D. Burgess is a new physician at Toledo.

Dr. H. Volp has moved from Pendleton to Richland.

Dr. Fred A. Lieualien has opened an office in Helix.

Dr. W. Garvey has moved from Arlington to Condon.

Dr. I. B. Bartie, of Eugene, was in Portland last month.

Dr. A. W. Gavey is moving from Arlington to Condon.

Dr. J. N. Smith, of Salem, is being talked of for state senator.

Dr. J. W. Robinson, of Jacksonville, was in Medford last month.

Dr. A. L. Gillis, of Salem, was a Portland visitor last month.

Dr. Thomas W. Hester has removed from Portland to Jacksonville.

Dr. Wm. A. Trimble, of Albany, was called to Eddyville last month.

Dr. Charles Hines, of Forest Grove, went last month to California.

Dr. A. B. Gillis, of Salem, was a visitor in Portland last month.

Dr. E. B. Pickel, of Medford, was a visitor in Gold Hill in January.

Dr. T. C. Mackey, formerly of Harrisburg, has removed to Toledo.

Dr. C. H. Robertson, of Salem, spent a few days in Portland recently.

Dr. Gertrude French, of Portland, spent the holidays at The Dalles.

Dr. A. P. McLaren, of Rainier, visited St. Helens early last month.

Dr. M. C. Strickland, of Oregon City, was a California visitor last month.

Dr. N. Molitor, of La Grande, was a visitor in Summerville last month.

Dr. H. P. Hargrave, of Medford, was a visitor to San Francisco last month.

Dr. Max M. Dittebrand has been appointed City Health Officer at Milton.

Dr. V. C. Belknap, of Prairie City, was a visitor last month at Canyon City.

Dr. G. W. Biggers, of La Grande, made a short visit to Portland recently.

Dr. W. H. Davis, of Albany, was in Tangent last month on professional business.

Dr. and Mrs. W. C. Hawk, of Jefferson, spent some time in Albany last month.

Dr. Carl G. Patterson, of Baker City, visited his brother at Canyon City last month.

Dr. W. C. Belt, who recently removed to Jacksonville, has returned to Portland.

Dr. and Mrs. George E. Houck, of Roseburg, have been entertaining their friends.

Digitized by Google

Dr. W. G. Cole, of Pendleton, was a Weston visitor last month, calling on a patient.

Dr. Millard B. Taylor, of Grass Valley, went to Kent recently on a professional call.

Dr. W. H. Davis, of Albany, was a visitor at Tangent during the month, seeing a patient.

Dr. H. B. Clough, who has lived for some time at Newberg, is removing to Sultan, Wash.

Dr. and Mrs. J. H. Fell, of John Day, have returned home, after an extended visit in the south.

Dr. John W. Geary, of Burns, has been attending to business in Denio during the month.

Dr. D. G. Clark, of Silverton, went on a duck-hunting expedition into Linn county last month.

Dr. T. J. Johnson is a new physician at Burns, having recently moved there from Green, N. Y.

Dr. T. C. Mackey, who has recently moved to Albany from Harrisburg, is a native of Virginia.

Dr. Ray W. Logan and family, of Moro, spent several days during the holiday time at Salem.

Dr. Wm. Kuykendal, of Eugene, was at Harrisburg recently in consultation with Dr. Kelly.

Dr. Chas. E. Hawke, formerly of Portland, but now of La Grande, was a visitor in Portland last month.

Dr. E. M. Hurd, of Salem, owns a farm in Lincoln county, and he recently visited there, to watch progress.

Dr. J. P. Tamiesie, of Hillsboro, had a bad drive over 38 miles of muddy roads to Veronia in the early part of the month.

Dr. T. E. Beard, formerly of Oregon City, but now of Grants Pass, made a visit recently to his former friends at Oregon City.

Dr. W. L. Marsden, County Health Officer for Harney County, has had a number of scarlet fever cases under investigation.

Dr. Chas. Robertson and **Dr. Calbreath**, of Salem, were in Portland last month, taking part in the Shriners' exercises.

Dr. Frank E. Smith, of Salem, who has extensive business interests at Klamath Falls and Lakeview, visited in that locality last month.

Dr. Corpron, of Medford, has become settled now in his new quarters. His family have also come to Medford from Cottage Grove, where they formerly lived.

Dr. T. W. Harris, of Eugene, who went on the California excursion last month, was taken ill on the train and was obliged to stop at a hospital in San Francisco.

Dr. A. A. Finch, of Astoria, was a sufferer last month from the visit of a burglar to his house when he was absent. The doctor has had to buy some more silverware.

Dr. Charles Hines, of Forest Grove, went to Southern California on a visit last month. The doctor during his trip visited leading hospitals at San Francisco, Los Angeles and elsewhere.

A

Digitized by Google

Dr. Frederick Crang, of Forest Grove, has been kept in the house most of the winter by his age and feeble health, but he is reported to be taking a lively interest in what is going on outside.

Dr. E. Du Gas, of Roseburg, has had to take a trip to Long Beach, Cal., for his health. The doctor was in Portland last month, and after consulting with several doctors here, he concluded that he must take a long rest and a change of air.

Washington.

Dr. Geo. Newlands, of Seattle, spent some time in Portland last month.

Dr. Jeremiah Ballard, of Kelso, was a visitor last month at Castle Rock.

Dr. Chas. Harden, of Pe Ell, was in Chehalis last month on a professional call.

Dr. P. C. West, of Bickleton, visited in North Yakima during the holiday season.

Dr. N. G. Blalock, of Walla Walla, spent the holidays with friends at Arlington, Ore.

Dr. H. A. Wright, of Wilbur, attended the meeting of the State Medical Board at Spokane last month.

Streptococcus Infections.

G. F. Ruediger, Chicago (Journal A. M. A., January 13), has made further studies, in addition to those previously published by him, of streptococcus infection in the human subject, with special reference to determining what factors are concerned in the destruction of the invading germs. He finds that although human serum during life is a good culture medium for streptococci, normal defibrinated blood has a slight streptococcidal power, roughly proportional to the leucocytosis. Human serum does not acquire any streptococcidal power in the course of a streptococcus infection nor does the blister fluid from erysipelas have any such action. The destruction of the cocci in the defibrinated blood is brought about by the leucocytes, but the cocci must be acted on first by the opsonin of the serum. There is no phagocytosis, and hence no destruction of unsensitized cocci by washed leucocytes. The opsonin is increased during an attack of erysipelas. In acute nephritis it is decreased and the leucocytes are also affected, rendering them less effective in the destruction of the streptococci. This fact, Ruediger says, may help to throw light on the cause of many terminal infections.

Paroxysmal Tachycardia.

C. C. Warden, Battle Creek, Mich. (Journal A. M. A., January 13), reports in detail two cases of paroxysmal tachycardia, in which other previously recognized symptoms of exophthalmic goiter were present, and suggests that a more thorough examination of other cases will reveal similar relationships in a considerable proportion of instances. The more he sees of this symptomatic disturbance, the less inclined is he to regard it as a definite entity deserving a separate place in the category of disease. Its relation to exophthalmic goiter, he thinks, has not been sufficiently recognized in the past, and many of the cases reported in the literature as paroxysmal tachycardia would probably be better classed under the head of exophthalmic goiter.

Digitized by Google

MEDICAL SENTINEL

MARCH
1906

Volume XIV **Number 3**

Notes

On the 7th inst. the Central Willamete Valley Medical Society held an interesting meeting at Corvallis.

The citizens of Salem are waking up to the necessity of the establishment of a Health Board in the city.

At a late examination of candidates for medical honors at Spokane, 54 passed; 26 per cent of the applicants failed.

Owing to the absence of a quorum, the election of officers of Silver Bow (Mont.), County Medical Society was postponed till the next meeting.

Very active steps are being taken in British Columbia by Health Officer Fagan and others, looking to the establishment of a sanitarium for tuberculosis at Vancouver.

The physicians of Colfax, Wash., have organized a doctors' club for the purpose of post-graduate study. Dr. Wilson Johnston was elected president and Dr. R. J. Skaife secretary.

The Oregon State authorities propose that the law requiring county courts to appoint County Boards of Health shall be complied with, even if there is some expense entailed.

The next meeting of the Washington State Medical Society is to be held

Digitized by Google

at Spokane, and the local society desires to have the state gathering some time between June 15th and July 15th.

A census of doctors has been taken at Spokane, with the result that there are declared to be 148 physicians and medical firms. This includes everybody that calls himself a "doctor."

The next meeting of the South Idaho District Medical Society will be held at Twin Falls, on April 19th. The East Idaho Medical Society holds its next meeting at Pocatello on April 5th.

The new officers of the Clatsop County Medical Association are as follows: President, J. A. Fulton; Vice-President, H. L. Henderson; Treasurer, Jarl Hagelstam; Secretary, Arthur A. Finch.

The members of the King County Medical Society (Seattle) have declared themselves in no uncertain tones as being strongly in favor of parks, as tending to preserve the health of the community.

The Whitman County Medical Society held a meeting at Carter, Wash., on January 22nd, and decided to have their next meeting at Pullman on April 16th. Dr. Walter Farnham, of Palouse, is President of the Society.

A bill was introduced in Congress abolishing certain U. S. Marine Hospitals, among them that at Port Townsend, Wash. Senator Piles, however, secured the consent of the department to leave this particular hospital undisturbed.

The Visiting Nurses' Association of Portland urges the enactment of more stringent laws to prevent the spread of tuberculosis. It believes that tuberculosis should be reported to the authorities just as any other contagious disease.

Dr. R. C. Matson, of Portland, has been making investigations of health conditions at Eugene, and his visit there did a great deal to stir up the local authorities to a necessity of doing something to prevent the spread of contagious diseases.

Digitized by Google

If typhoid fever is not eradicated from Eugene, it will not be the fault of the members of the Lane County Medical Society. At their recent meeting they discussed the problem very fully, and they issued a number of "precautions to be observed by the citizens" and "precautions to be taken by the city."

At a special meeting of the Chehalis County Medical Society, held at Aberdeen, Wash., on February 8th, members were present from Montesano, Elma and Aberdeen. The paper of the evening was read by Dr. A. J. Austin on Anterior Poliomyelitis, with report of cases. A general discussion ensued, after which the society adjourned for an informal banquet.

It is dishonest for any firm to try to build up a reputation and business on the strength of a similarity of its name with that of an established house. Such a course is being taken by an Eastern firm, which is trying to foist itself off on the medical public as in some way identified with Reed & Carnrick. It is to be hoped that nobody will be misled by any such dishonest methods.

In one of its forceful editorials, the Oregonian asserts that the Willamette river is a common sewer for the entire valley between the Cascade and Coast ranges of mountains, from Cottage Grove to the Columbia. Taking this assertion for a text, the Oregonian preaches a strong sermon on the necessity of greater care being exercised to protect the health of the people residing along its banks.

The North Idaho District Medical Society had a good meeting in Moscow on the 30th of January. Papers were read by Dr. E .R. Northrop, of Spokane, on "The Significance of the Pupillary Reaction During Anesthesia," and by Dr. A. A. Mathews, of Spokane, on "Preparation and After Treatment of Surgical Cases." The question of examinations for fraternal associations was discussed, and it was decided that $3 should be the minimum fee charged.

One of the Seattle newspapers is advising the physicians to take more rest on Sundays and holidays. It recommends that the method in force in Frankfort, Germany, be adopted in Seattle and other large cities in this country. Let the city be divided into medical districts, and have one physician to look after each district, while the other doctors go fishing or to church, or wherever else they wish to to. In the meantime the paper recommends that people don't get sick on Sunday.

Digitized by Google

In his report to the Secretary of the Interior for 1905, Governor Brady of Alaska makes a strong plea for the establishment of hospitals for the sick by the government, especially at Bristol Bay, where the fishing industry is large. The government receives large fees in license from these fisheries, and great need exists for some provision for caring for those who become disabled. Governor Brady says that in his judgment the Marine Hospital Service is the proper channel through which Congress should provide for these people.

The South Idaho Medical Society has been divided, and the East Idaho Society formed therefrom. The following counties now form the South Idaho Medical Society: Ada, Blaine, Boise, Canyon, Cassia, Elmore, Lincoln, Owyhee and Washington. The East Idaho Medical Society is made up of the counties of Lemhi, Custer, Fremont, Bingham, Bannock, Oneida and Bear Lake. The officers of the new district society are as follows: President, O. C. Ormsby, of Roxburg; Vice-President, T. M. Bridges, of Idaho Falls; Secretary-Treasurer, M. Brundage, of Shelley.

The public prosecutor is having a hard time with Mrs. Kohlman, who has been arrested, tried and acquitted, at Olympia, Wash., for violating the medical law of the state. She was 'cute enough to give away her medicine, but she charged enough for "massage" to pay for both massage and medicine. The judge who tried the case directed the jury to find a verdict for the defendant, and it rather looks as if he could have done nothing else. Doubtless Mrs. Kohlman will be caught, but apparently it is legitimate to give "massage" and charge for it, without any sort of a license.

At Whitman College, a few weeks ago, Dr. E. E. Shaw, of Walla Wal'a, delivered an address, in the course of which he tried to impress upon the students that they should pay as much attention to their bodies as their minds, and should do this by proper exercise, proper eating, and proper sleeping. He held that the physical director is as important as any professor in the college . This view was characterized as an extreme one by Professor Brattain, who did not like to have the mental function thus minified. He insisted, according to the local paper, that the body is merely an excretion of the mind, and is of minor importance.

On March 21st and 22nd there will be U. S. Civil Service Commission examinations at Portland, Astoria, Baker City and Eugene for clerkships in the bureau of pensions. Only male graduates of recognized medical schools may be examined, as this examination is held to establish a register of eligibles with a knowledge of medicine. Applicants should apply to the U. S. Civil Service Commission, Washington, D. C., or to the Secretary of the

Digitized by Google

Board of Examiners at the places where the examination is to be held. In Washington the examinations will be as follows: Bellingham, Port Townsend, Seattle, Tacoma, Walla Walla. In Idaho the examinations will be held at Boise and Moscow.

This is the time of year when protests should be made against the indiscriminate distribution of patent medicine samples throughout the country. Some states have stringent laws prohibiting this, and heavy penalties are imposed upon those who violate its provisions. States that have no such law suffer from mercenary makers of patent cure-alls, spring tonics, blood purifiers and the like. The children especially are likely to fall victims to the free distribution of these nostrums. The evil effects of these samples is all the greater because the idea is very prevalent among some people that every spring it is necessary to take just so much nauseous medicine, for the purpose of purifying the system.

The people of Eugene have been having a hard time with typhoid and other diseases which are very certainly produced by the impure water that is supplied to the city. For temporary precautions, the citizens are urged to boil the water; the water company seek to absolve themselves from responsibility on the claim that they did not acquire the water works until February 1st; they state that they have ordered two new filters at a cost of $25,000 each, which they will install at once. Advocates of municipal ownership are urging the local authorities to take hold of the water problem, and handle it without the aid of a public service corporation. In the meantime the citizens are almost helpless, hoping that assistance will speedily come from some quarter.

It is to be regretted that an appeal was not prosecuted on the part of the Idaho State Medical Society against the unfair and uncalled for fine imposed on Dr. Nourse by Judge Price. Comment on this subject has been made in former issues of the Medical Sentinel. The Supreme Court of the state has fully borne out Dr. Nourse in his remarks on the course of Judge Price in the Raaf case, and the imposition of the fine was a piece of ill-temper on the part of the judge which should have been resented by an appeal. There is every reason to believe that Judge Price would have been as ruthlessly turned down on that as he was on his other decision. Dr. Nourse criticised Price for doing the very thing, in the trial, which the Supreme Court says Price had no right to do.

The Medical Sentinel has been requested to publish the following resolutions adopted by the Walla Walla Valley Medical Society: "The society learns with sorrow and regret of the death of Dr. John E. Bingham, which

Digitized by Google

occurred on February 19, 1906. He was its first President and one of its most honored members, respected alike for his high attainments and kindly character, as well as for his professional courtesy and unfailing observation of the ethics of the profession of which he was an honored member for so many years. "Resolved, That a copy of these resolutions be sent to the widow and aged mother of the deceased, and be published in the medical journals of the Northwest, and also be spread upon our records. Signed, E. E. Shaw, M. D.; W. E. Russell, M. D.; Y. C. Blalock, M. D., Committee."

The State Board of Health of Oregon will endeavor to have the forthcoming session of the legislature pass a measure establishing and keeping up sanatoria for the treatment of tuberculosis. The members of the board recently visited the open air sanatorium at Milwaukie, and were so pleased with the results that have been accomplished there, that they feel there is a public demand for several such institutions throughout the state, and that the state should bear the expense of their maintenance. Of course only the poor, who are unable to pay for treatment, or those who can afford to pay a nominal sum, will be treated there; but there is always a number of such people in the state, whose condition is pitiable, and common humanity demands that all the people should pay the bills of those who are without means. Efforts will be made to enlist the support of the press to the measure, and with proper efforts put forth, there is no doubt but this can be obtained.

Preliminary examinations for appointment of Assistant Surgeons in the Army will be held on May 1st and July 31st, 1906, at points to be hereafter designated. Permission to appear for examination can be obtained upon application to the Surgeon General, U. S. Army, Washington, D. C., from whom full information concerning the examination can be procured. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between twenty-two and thirty years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible. In order to perfect all necessary arrangements for the examinations of May first, applications must be complete and in possession of the Surgeon General on or before April 1st. Early attention is, therefore, enjoined upon all intended applicants. There are at present twenty-five vacancies in the Medical Corps of the Army.

Digitized by Google

Editorial Notes

Contract Practice.—Contract practice is a subject which members of the Portland City and County Medical Society are anxious to discuss. A discussion of this subject is now going on in many medical journals of the eastern and middle states, and various medical societies are also taking it up. There are few physicians who do not agree that contract practice works great wrong on the profession. It is undignified, and unworthy of men who have acquired a medical education to take the job of treating members of lodges for a few paltry dollars a year. One contemporary publishes a letter from a physician who was applied to by an accident insurance company to "provide for the furnishing of full medical and surgical attendance to persons injured as a result of operations covered and contemplated by said contract of insurance," and perform various other duties, as the representative of the insurance company, and all for "ten per cent of the gross premiums on all contracts written" in the town where the physician lived. The physician who was offered this sort of a contract asked the editor if it would be wise and ethical for him to make such a contract. He said there were eight other physicians in his city, and if he refused, he believed that it would not be difficult for the insurance company to find some other physician ready and willing to accept the offer. The suggestion is made that herein lies the advantage of a united profession. If all the physicians of the town belonged to a local society, they could shut out such contracts, and compel the insurance companies, or the patients, to pay reasonable fees for medical care. If trades unions are justified in combining for the purpose of securing fair treatment of the members, surely the same thing is true of physicians.

The Pacific Coast for Neurasthenics.—Major Chas. E. Woodruff, Surgeon of the U. S. Army, stationed at Plattsburg, N. Y., has recently made the bold utterance that sunlight is not an unmixed blessing. He has published a book dealing with this subject, and several pamphlets also, in which he has worked out the same ideas. Various publications have reviewed his work, and from some quarters come serious criticisms. The American Journal of Insanity has a pleasant note concerning Dr. Woodruff's book, and concludes an article as follows: "If this be true, it follows that the best remedy for neurasthenic conditions is to be found in a climate which does not furnish too much sunlight and consequently too much stimulation for the impaired nervous system. Such patients should not be sent to Colorado, New Mexico or Southern California, but rather to Oregon or Washington."

A Hint to the A. M. A.—Our esteemed contemporary, the Virginia Medical Semi-Monthy, is not noted for being sensational, but rather for being about as conservative as a medical journal established over thirty years ago would be, in old Virginia. But it takes decided exception to some of the work that is being done by the A. M. A. Journal. It regards it as being a little too much on the order of the oil and steel trusts—not a dignified, altruistic proposition, such as should be the case with a journal the property of the physicians of the nation. It insists that it "cease to antagonize the honest convictions and rights of a great mass of the loyal

Digitized by Google

members of the profession. Otherwise the time will come, as with some of the insurance companies of the day, when searching inquiries will be made which may threaten the downfall of the now mighty organization."

Taking a Physician's Time.—The men whose business it is to travel for pharmaceutical houses and book publishers do not have the easiest job on earth. When they enter a busy doctor's office, they are sometimes obliged to resort to subterfuges to get a hearing. The attendant in the outer office sizes the traveling man up pretty well, if he brings with him a sample grip of large proportions; but if he has his samples in his pocket, he can scarcely be distinguished from a person who desires to see the doctor about some ailment of his own, or that of a member of his family. The traveling man, whether he represents a pharmaceutical house or a book publisher, generally believes that it is wise for him to permit nobody to know what his business is until he gets into an inner office with the man that he seeks. He may have disturbed him while at study or meditation, and often his impertinence and pushing costs him the good will of the person disturbed, and tends to prevent him from accomplishing the object he set out to accomplish—that of interesting the doctor in his goods.

The demands upon the busy doctor's time are various. His mail is sometimes formidable. Old patients write him, and often when busy dictating his letters, he is disturbed by a book agent or some other seeker for business, because he has passed the attendant at the door under false pretenses. Sometimes it is chargeable to the attendant that one is called from dinner to meet a soap peddler, when an old friend or a valuable patient who is less insistent is turned down and made to wait; but does the soap peddler gain anything by his initial success? Each individual professional man must arrange his affairs in his own way, to guard his time against illegitimate interference. The pharmaceutical houses might do worse than adopt a code of rules for their agents to observe, relating to dealing with physicians whose interest they seek. The drummer who calls upon the business man to sell dry goods or groceries, is welcomed, because his presence is looked for and needed. He is in a position to command attention. But it is very different with the physician. He does not need the suggestions or arguments of the traveling man as to what drugs he should prescribe; at any rate, he does not feel that he needs them. Many a physician has been prejudiced against preparations by unwarranted intrusion on his privacy.

These remarks are made as partially describing a condition that is frequently discussed, and more often felt, by physicians whose time has been taken up, and whose work has been broken in upon by men who did not honestly state their business when they presented themselves.

Rampant Quackery.—Our Seattle neighbors certainly have their share of trouble in dealing with the Times and the quacks who receive encouragement in the columns of that somewhat sensational newspaper. A late issue of the Times contained a page advertisement in which one of the notorious advertising doctors pays his respects to the regular physicians. He uses strong and abusive language towards them, and claims that the country is being saved by advertising doctors. He endeavors to make his readers believe that "the intelligent advertising doctors" are the conserva-

Digitized by Google

tors of the health of the masses, and that the doctors who do not advertise are "monsters," for whose punishment he loudly calls. He closes with the remark that "if this article may be the means of saving even one poor creature from the knives of these monsters, we will feel that it has not been written in vain." Perhaps the hysterical pabulum doled out to the public in this way, does actually appeal to some readers. If they turn their eyes to the page opposite the one from which we have been quoting, they will find other advertising doctors promising as follows: "We will cure any single ailment except rupture and blood diseases for $12.50 for the fee, until March 1st. Others may treat, but we cure. You must come to us sooner or later. Why not now? Refuse to suffer longer on the promises of others." Then as a final shot the reader is urged—"Remember, $12.50 for any disease."

Another advertisement bears the picture of a benign, pleasant-looking man, who is supposedly the doctor of another outfit. Under his picture appears these words: "An Honest Doctor. Come and take my cure. None will know what you are treating for. Consultation free." Portland has troubles of its own along this line, although the disgrace of the city is not flaunted abroad with banners quite so flaring. There is a certain proportion of the population of any large city which naturally flocks to the sensational advertiser, whether he be a doctor or a preacher. These sensation-seekers are soon parted with their money. They have no proper appreciation of the requirements of a physician, and "guarantees" of cures are what they want. If there is anybody who can outline a policy to pursue which will result in the community being relieved of such parasites on the community as the advertising doctors who guarantee cures, he will be listened to with attention, not only in Seattle but elsewhere.

An Enterprising Medical Society.—The North Dakota Medical Association appears to be an enterprising institution. Its officials recently sent out circulars warning the public against the pretensions of a resident of the state, named Hansen, who was sending out certain injurious concoction and labelling it "obesity cure." North Dakota makes a specialty of pure foods, and the physicians felt that to be in line with general public sentiment, it was their duty to warn everybody against this nostrum. Hansen now threatens to bring suit for a large sum of money, to compensate him for the loss sustained by this circular. The courts and juries of North Dakota are fairly sensible, and if this case should ever get to them—which is very unlikely—and the actual formula of this nostrum is laid bare, it is not likely that any damages will be recovered by the plaintiff. Undoubtedly Hansen's present purpose is to break into the columns of the newspapers, without cost to himself. The willing reporter permits him to be quoted as saying that "one firm alone has offered him $25,000 for the privilege of making use of the treatment." If Hansen finds that there are not enough fat people in his state to buy his "remedy," he will doubtless stir his ingredients from left to right (assuming that he now stirs them from right to left) and sell the new mixture to the lean people. But if he would sell either "remedy," he had better first migrate to a state where the medical associations are less on the alert.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

RECIPROCITY STILL DISCUSSED

The eastern medical journals are still teeming with articles and letters on the subject of medical reciprocity, and those states which have no provision therefor, come in for a good share of criticism. They are charged with using the laws which now exist in their states as a means of keeping out competition. On the other hand, the western man, who takes the other side of the argument, replies that the eastern doctor wants reciprocity so that he may come to the growing West to practice without being required to go through the ordeal of an examination. The "discrimination" is declared to be "unbearable"—but, like a great many other things that have been declared unbearable, it must be borne. One doctor in Idaho, who appears, for some reason, to be very much in favor of reciprocity, calls for a law "empowering the President of the United States to appoint an examiner at large for each and every subject in which it is desired to examine, at a salary commensurate with the examiner's duty and labor. Let examinations be held at the capital of each state and territory, semi-annually, on the same dates, the same queries being propounded to each applicant. The papers should be sent to the examiner on that particular subject, for rating, and by him reported to the proper official, the averages published and licenses issued, giving those entitled to it the incontestable right to practice medicine and surgery in the United States of America and its possessions."

Nine out of ten of the eastern physicians who are contributing to these symposia relating to medical reciprocity appear to be possessed with the idea that the national congress can do everything, and that the passage of such a law as would give a medical man the right to practice in any state would necessarily override any state laws with which it

Digitized by Google

might come into conflict. But this theory is all wrong. It is absolutely impracticable to take away from the individual states the right which they now possess, to say who shall and who shall not practice law in its courts; who shall or who shall not practice medicine; who shall and who shall not act as pharmacists. On a military reservation the Federal government has full power to pass upon the merits of the physician who cares for the health of the soldiers; and the same rule applies to the physician that the government sends to an Indian reservation. But there are limits to the power of Congress and the President, and among these limitations is the matter of determining under what conditions physicians may practice in the states aside from the military and Indian reservations.

So the advocates of medical reciprocity must surely seek some other method of accomplishing their purpose. The states will not permit the Federal government to usurp their police powers. There are many physicians practicing in eastern states who, whatever experience they may have had in their profession, received their licenses to practice when laws were lax and examinations lacking in the rigidity that is now more general. The western states are not prepared to open their doors to any practitioners who cannot pass the examinations that are required of the local aspirants for such licenses. Most of the demand for reciprocity with Oregon, or with Washington or Idaho, comes from outside those states, and unfortunately for the advocates of the measure, the outsiders have little to say as to what our laws shall be, or how they shall be administered. While this is so, it would seem to be a pity that there is not some reciprocal arrangement made between the Pacific slope states, so that physicians who go over the border to practice may not be liable to prosecution. Emergencies often arise where it is desirable that there be liberality in this matter, and such an arrangement would be mutually beneficial, helping one state as much as another.

DREAMS THAT PASS BY

In no profession is the temptation to overwork with scarcely a day's cessation greater than in that of the physician. He promises himself and his family a long summer rest in the country, or perhaps a trip abroad, but the fact constantly looms up before him that to take either step means a stoppage of his income, with doubts as to his ability to take up his practice on his return exactly where he left it. The ambitious professional man is striving for wealth, position and fame, and the striving is apt to keep him always at it, constantly putting off till some more convenient season the long vacation that is recognized as being worth while, and the right thing to take. We frequently see recorded the fact that this or that physician has taken a few months off, and gone to Europe for post-graduate work, or to travel, and yet the number who do this is altogether too small. Year after year the busy physician promises himself that next year, at the latest, he will hie

Digitized by Google

himself away from the pressing duties of his profession; that rest and recuperation will be the prime objects of his journey; that he will put money in his purse and travel where the spirit moves. He will, while in London, Berlin, Vienna, look in upon the hospitals, and secure in passing the prestige of having studied abroad, but his main object will be to see the glories of those distant lands concerning which he has read and heard so much. Their art, architecture and customs shall have his special attention, and he will get the complete, health-giving change that comes from peacefully gliding in a gondola on the Grand Canal of Venice, or from viewing neighboring mountain heights from the porches of fashionable resorts among the Alps of Switzerland. But alas! the years pass by, and the convenient season for many who have had such day dreams does not appear. Just as "man never is, but always to be blest," so for them the journey never is, but always to be, begun. Eventually the years pass by, the natural energy flags; rest, not travel is the thing most to be desired, and the hardworked practitioner, surrounded often with enough means to travel, awakens to the fact that one great dream of his life is fading away. The roseate hues with which he used to paint the glories of the trip across the ocean have grown dim, and he is now content to give his remaining years to his daily round of labor, unrelieved by the charming recollections of old-world sights which in years gone by had been his for the seeking.

EUTHANASIA

The medical profession at large will be happier when this demand for euthanasia is quieted. An active woman has been making the lives of the Ohio physicians and legislators especially miserable, while the physicians all over the United States have been appealed to by her for assistance in working up her fad. She has imagined that if she could only get her measure through the Ohio legislature endorsing and legalizing euthanasia, the thin end of the wedge would have been inserted and the rest would be easy. Undoubtedly this lady will be on hand at Boston next summer, as she was in Portland in July last, to enlist the support of the medical profession. But the profession throughout the United States is decidedly against her. Napoleon, under escort of a physician, strode through the lazarette containing the awful remnant of the Egyptian campaign, dying from black plague. The rounds ended, Napoleon peremptorily commanded opium and death for them all. The physician, outraged, indignantly refused, declaring that his duty was to save life, not to take it. The physicians of today assume the same attitude. They regard is as but a hideous, atavistic visitation from a primitive ancestry, who murdered their aged or suffering superfluous relatives or neighbors. This newspaper talk about euthanasia is liable to settle down to an encouragement of suicide and murder. One earnest writer, indignant at the spread of this sentimentalism, says that "most of the cry for euthanasia comes, not from cancer of the body, but from cancer of the soul, for which pain, pain strong and enduring, is a remedy."

Digitized by Google

NOTES ON THE SOCIAL ASPECTS OF DERMATOLOGY

By A TILZER, M.D.

Read Before the Portland City and County Medical Society, Feb. 17, 1906

I shall offer no apology for bringing this subject before you. Its importance to the public and to the profession justifies a discussion on this subject. I am quite sure that the members of this society are familiar with the general literature covering the common forms of skin lesions, and a detailed account of the anatomy and physiology of the integument I consider, therefore, unnecessary.

Ferdinand Von Hebra in 1844 was the first to apply the teachings of pathology to the study of skin diseases. His teachings, founded as they were, not only on observation but also on experiment, speedily revolutionized dermatology, and in a few years his doctrine spread all over the world.

In this country very little was done for Dermatology until 1871, when Professor James C. White gave a course of lectures on diseases of the skin at Harvard, sparing no time or energy in the interests of Dermatology, and others, such as Dubring, Stelwagen and Hyde, followed his example, until now America is in the very forefront all along the line of advance in Dermatology.

The reason, perhaps, that Dermatology as a specialty was not taken up in this country until the '70s, was because those who have taken all medical and surgical learning for their province were dismayed to see their kingdom gradually being divided and given to specialists, which was partly due to an unconscious antagonism.

Another reason, according to Malcolm Morris, was, that the learned profession did not consider a skin eruption of importance vital enough to give it special study, and he expresses this sentiment in the following words: "A philosophic physician striving to solve the pathologic riddle of the universe, could scarcely bring his mind down to the close study of a pimple, nor is it to be expected that a surgeon whose hand habitually breaks open the Lord's anointed temple and who, like the soothsayer of old, looks for auguries in the innermost entrails, should give heed to a scaly speck on the surface."

Manifestly, it would be wandering wide of the limits set by the heading of this paper if I continued any longer to dwell upon the history of Dermatology.

I will, therefore, take up a few of the skin lesions that affect the individual from a social point of view. In a general dermatological discussion of this kind, Acne could not be very well omitted. It is an

Digitized by Google

inflammation of the sebaceous glands and the hair follicles, manifesting itself by the formation of papules or pustules, which may suppurate, resulting in a complete destruction of the follicles and production of scars. It is a disease of youth; the greater number of cases are seen between the ages of fifteen and twenty-five, at which time the development of the hair follicles is most active and the functions of the sebaceous glands increased. Chronic constipation, menstrual irregularities, mental and physical exhaustion, atmospheric influences, are all factors in its causation.

The diagnosis is not difficult, the involvement of the sebaceous gland, the age of the patient, the absence of itching, the formation of papules and the presence of the comedo, are all factors in making a correct diagnosis easy.

It is a disfiguring disease, and may wreck the lives of many girls, first, because it may lead to unfounded suspicions of indulgence in vicious habits, and, second, in these days, when women have so many fields of work open to them, a face in a chronic state of acne eruption might stand in the way of getting employment.

The treatment is very difficult, but they can all be relieved and the majority cured. One of the best means of treating acne is radiotherapy. I will refer to it later.

Alopecia, derived from the Greek word, Alopex, a fox, because partial baldness is common in that animal, and is the generic term for all kinds of baldness. There are many kinds of Alopecia; there is the congenital type, the senile, the idiopathic, the symptomatic and the areata or circumscripta. I only wish to touch on the premature baldness caused by Seborrhea of the scalp. Women are liable to it even more so than men, Seborrhea being the chief of all causes of Alopecia in women. Clinically, Seborrhea is evidenced by more or less extensive scaling, the flakes powdering the hair and falling on the shoulders. At times the inflammation reaches a severe grade, exudation increases and forms thick, greasy crusts and, by decomposition of retained secretion, increase the irritation. Sooner or later malnutrition in the hair begins to show itself in the form of progressive thinning, which appear at first at the vertex or the temples, and in time denudes the whole hairy area of the head. This condition is responsible for nine-tenths of all premature baldness.

The Pathology is, as in eczema, a catarrhal dermatitis and a parakeratosis. The greasiness, which is so pronounced a feature, is due, according to Unna, to a stimulation of the fat secretion from the sweat glands.

Nothing, as a rule, is more unsatisfactory, looking to a perfect restoration, than the treatment of baldness, caused by old and neglected Seborrhea of the scalp. Still, this is far from saying that such cases should not be undertaken, for no class of patients is so grateful and easily satisfied with small favors as are baldheaded men.

The following remedies have been found efficient in the treatment of Seborrheic Alopecia: Sulphur, Resorcin, Salicylic Acid and Mercury.

Hypertrichosis or superfluous hair as a disease only affects the

Digitized by Google

female sex. Thousands of women, otherwise pleasant to look upon, have dragged out miserable lives and undoubtedly of shorter duration, by reason of the growth of hair where nature, without exception, ordains that it should not appear. Dr. C. M. Williams, of New York, reports the following interesting case:

"A young married woman in good health, with everything to live for, begins to develop a mustache. Her husband thinks it a good joke to tease her about it, then her brothers join in and occasionally a friend remarks upon it, until finally the poor victim feels that her blemish, which really is hardly noticeable, is a mark for unpleasant comment wherever she goes. She becomes sensitive, irritable and nervous, her digestion suffers and her sleep is poor, and her life is a burden to herself and those about her. Treat her for Anemia or Neurasthenia, for she may suffer from both and you waste your time and her's. Remove her anxiety by removing its cause and she returns at once to health and vigor." This is no imaginary case, but taken without exaggeration from my own practice.

The upper lip, the chin and generally the face below the level of the mouth are most affected. When a patient comes to us for treatment, she is generally full of the notion that in some way more or less occult, she can get rid of her deformity or blemish immediately and completely. If allowed to remain in this fool's paradise, the reaction when the reality breaks is very apt to discourage her and considerably injure the reputation of the dermatologist. Every patient should have it fully explained that the treatment, whatever method undertaken, X-rays or Electrolysis, at best, is a slow one, and that patience is the prime requisite in the whole matter. When these conditions are fulfilled, I know of no more satisfactory procedure in the whole range of medical practice than the removal of superfluous hair. The only effectual treatment is that by Electrolysis and X-rays. Electrolysis was first used to remove hair by Michel of St. Louis and Benson of London. I can speak most highly for this treatment.

I cannot stop to enlarge upon the technique of the operation. No one, however, should attempt it thinking it an easy and simple thing. Perhaps nothing in the way of surgical operation requires more practice, in order to do it well and safely. When the growth is exceedingly dense and the hair assumes anything approaching the lanugo condition, electrolysis is impracticable and the X-ray is the remedy par excellence.

Hyperidrosis, or excessive sweating, properly belongs to the realm of the Neurologist, being due to a faulty innervation, but as dermatologists are not infrequently consulted about hyperidrosis, pedum or hyper manus, which deeply affects the patients, especially in their social connection, I have included these cases here.

H. P. is a very simple evil, the skin of the feet is constantly damp, the stockings are wet. From a distance a disagreeable stinking smell is noticeable which makes the patient's presence in society difficult to themselves and annoying to others. Ordinarily the sweat is without odor, but the offensive smell is due to decomposition of the sweat in the stocking and other footwear. Naturally the sweating is more pro-

Digitized by Google

fuse in summer and after long walks. In chronic cases, maceration of the skin takes place, it becomes soft, wrinkles and easily loses its protective epithelial layer and in this manner excoriation and ulceration result.

Hyperidrosis Palmae Manus is also a very annoying affliction. These individuals, who always have damp hands, are frequently shunned by society for the reason that their hand-shake is disagreeable, and that they ever leave their finger marks on anything which they handle.

As in H. P., the skin is changeable, becoming soft and dilation of the pores is plainly visible.

The sweat of this kind is greasy, but this is not necessarily due to the secretion of the fat forming or Sebaceous glands, but the cholesterin formed from the keratin substances of the skin.

In mild cases five per cent of salicylic in boracic acid as a dusting powder, combined with daily cold sponging, is sufficient, while in the more aggravated forms, painting the surface with a five per cent chromic acid solution has proven a prompt and efficient remedy, especially in the German army, where it has been extensively tried.

Reverting to Radiotherapy in Acne and Hypertrichosis, and while I fear the time allotted me is too short for an exhaustive treatment of the subject, I wish to especially mention a few facts in connection with the X-rays.

In 1895 Professor Roentgen, of Wurzburg, found that when a Crooke's tube was excited by an electric current of high potential, peculiar rays were given off, which he modestly designated X-rays, because of their unknown character.

These rays were first employed alone for diagnostic purposes, but the accidental production of structural changes in the skin led to their trial in cutaneous diseases, by Freund and Schiff, of Vienna.

The rays may be generated from an induction coil or a static machine. The important part of the X-ray apparatus in the treatment of skin lesions, is the tube depending chiefly upon the degree of vacuum in it. A tube of high vacuum offers great resistance to the passage of the electric current and gives off rays which penetrate to considerable depth and exert but a minimal influence upon the superficial tissues. A tube of low vacuum, on the other hand, gives off rays which do not penetrate to great depth, but exert a maximum influence upon the superficial tissues.

The mode of action of the rays in cutaneous diseases, according to Schamberg of Philadelphia, is that they stimulate and alter the function and structure of living cells: Doubtless, as a result of this, the vitality and resisting power of tissues are increased, and the invasion of bacteria prevented or the bacteria destroyed.

In the treatment of Acne, a medium soft tube should be used, with no more current than is necessary to produce a quiet green light, two or three times a week at first, the frequency to be diminished later.

The distance from the anti-cathode should be in the neighborhood of six inches, the duration of the treatment five or six minutes. Upon

Digitized by Google

the first sign of an erythemia, treatment should be suspended and not resumed until the redness has disappeared.

Hypertrichosis is one of the most difficult of all conditions to treat, and requires the greatest degree of skill. It is obvious that to destroy the hair papillae without causing a destruction of other elements of the skin, requires very fine adjustment of the rays. Freund, of Vienna, effects a falling of the hair in twenty treatments.

Some Obstetrical Methods Practiced in the Philippines.

Wm. Duffield Bell says that the belief that the women of semicivilized races escape many of the pangs of child-birth is certainly erroneous regarding the Philippine natives. The life of the Filipino woman is comparatively short, due to her many pregnancies, much manual labor, insufficient food, and most of all to the crude, brutal, and ignorant practices employed as obstetric aids. The two chief procedures used to facilitate expulsion of the fetus consist first, in a stout band of cloth passed about the woman's abdomen and pulled tight by four persons, who are seated, two on each side of the patient, with their feet against her body, and second, in a plank six or eight feet long by a foot wide, which is placed across the woman's abdomen while another person, mounted on the plank, rises on his toes and lets the heels descend forcibly. The birth of the child is followed by the expulsion of the placenta by the above means, and, should the process be delayed, forcible traction on the umbilical cord is made to such an extent as to tear away portions of the placenta, and often large sections of this body are left to find their way from the uterine cavity of their own accord. Weeks and even months later the results of such practice are noticed in the septic conditions which would naturally follow retention of the membranes. The author gives some statistics showing the frequency of complications attending or following this crude midwifery, and then describes a case of imperforate hymen in a young girl. On account of the tumor caused by the accumulated blood she was supposed to be pregnant and was subjected to both the cloth and plank treatment. She was then brought to the author, who incised the occluding membrane and liberated two quarts and four ounces of thick, offensive menstrual blood.—Medical Record.

In cases presenting the symptoms of acute epididymitis and orchitis, in which the history and examination fail to show any evidence of gonorrhea, it is always well to consider the possible presence of a torsion of the spermatic cord. The symptoms of the latter condition often resemble those of an acute orchitis, namely, pain, swelling, marked tenderness, and more or less fever. The chief distinguishing points are that in torsion of the cord the pain comes on suddenly after physical exertion, straining, coughing, etc., and is often attended with marked depression and even collapse. The tenderness also appears earlier than in orchitis and is much more intense, while on examination of the cord a very sensitive swelling can be felt.—International Journal of Surgery.

Digitized by Google

MALARIA AND THE KIDNEY

By IRA B. BARTLE, M. D.
Eugene, Oregon

Read before the Lane County Medical Society

Although there has been much said on the subject of the effect danger of kidney complications even in the simpler cases should cause a urinary analysis to be made in each and every case regardless of its severity. I wish to call attention to a few of these complications, and especially those that accompany Estivo-autumnal fever.

All cases of malaria should have a blood examination. Those cases showing the greater number of crescents and flagellated parasites and the most free pigment, require the most watching. In these cases I make a daily microscopical examination of the urine, for if there is an excess of malarial infection there is an excess of toxines. (The excreta of fully developed parasites.) These create or produce inflammatory changes, and later granular degenerative changes in the interstices of all glandular elements of the body, and especially the excreting organs. Among the excreting organs most notably affected are the skin and kidneys. When either of these begin to fail the other is overworked, and needs immediate attention; when the skin is acting beautifully there is but little cause for worry coming from the kidneys: unless the case tends toward the pernicious type: then all the corners must be watched and the cobwebs brushed down, for we may expect trouble from any source.

The pronounced toxemia that accompanies a serious case of malaria may cause so numerous and varied a symptomatology that the diagnosis is made with difficulty when one has to rely on the physical signs alone, hence often estivo-autumnal fever is treated as typhoid or named Typho-Malaria when it is truly a case of irregular fever and is not amenable to typhoid treatment. I have often said that if you will show me a physician whose cases are all typhoid and they all recover in from two to three weeks (unless some complication arise), I will show you a lot of cases where Widal's will bear negative of malaria on the kidney, there is much still to be said. And the results and malarial parasites will be found in the blood.

It has never been my bad fortune to see the two infections in combination, nor one following closely on the track of the other. I do not deny such possibilities. Marchiafava and Bignami say: "That typhoid fever has been regarded by many as a frequent complication of malaria, but we have not seen a case of the co-existence of the two infections. Baccelli also claims to have never seen the two infections together;

Digitized by Google

while Osler publishes the cases of Thayer and Barker, where both diseases were present, consequently we must admit the possibility of the coexistence of the two infections and at the same time recognize its rarity.

The similarity between Baccelli's sub-continuous and typhoid fever is so close that only a microscopical examination should be taken as final, for even the administration of quinine will not make the differentiation. In my observation, where Widal's reaction was affirmative, the renal complications were much more rare than when the estivo-autumnal parasite was found. The percentage being as one to sixteen in typhoid, while, in my series of one hundred and fifty cases of malarial infection, kidney complications were shown in 42 per cent.

In the experience of Dr. W. Britt Burns, of Memphis, Tenn., with the nephritis following malaria the urine clears under large doses of quinine. This has not been my experience. He reports a necropsy in which the gross pathology showed a large and a small white kidney, with marked hepatic and splenic changes. In my experience the large white kidney is the more common, and congested, granular, pigmented glomeruli are found, and glandular degeneration is noted along the tracts of the tubuli uriniferi, and especially about the loop of Henle, eight-tenths of all the granular epithelial and blood casts having come from the ascending limb.

After a few days, according to Dr. Moore, of Galveston, Tex., of single tertian infection there are liable to be manifest certain renal changes; that doubtful tertian infection will produce a nephritis in a large proportion of cases, even though it runs only a short time. The more chronic the case becomes the more probable will be the kidney complications. He claims to have found renal complications in 68 per cent. in estivo-autumnal fever. I think this percentage is rather high, and that perhaps there were some pre-existing lesions in some of his cases. In his observations the age of the patient, the height of the fever and the specific gravity of the urine show no relation to the presence of albumin and casts.

This is in line with my observations, but I have noticed a relation between the number of parasites and the amount of pigment found in the blood and the rapidity with which the kidney disturbances appear; also a relation between the hepatic congestion and the disturbance of the urinary equilibrium.

Rosenstein recognizes an acute nephritis as a result of malaria, and finds the support for his opinion in the albuminuria which occurs during the febrile attack. There is no doubt whatever but that an acute nephritis (diminished urine, blood, casts, edema and mucus) may develop during the course of an attack of an intermittent quotidian fever, whatever the original type may have been.

Bignami claims that this condition is generally relieved by quinin. But in my experience, in cases where the free pigment was excessive, I have had black fever following the administration of quinin in three instances, with death in two, hence I am of the opinion and follow the rule of using quinin with extreme caution in cases of over

Digitized by Google

five or six days' standing, where the infection is virulent, but rather follow the treatment used by the practitioners of the Yazoo and Red river valleys in cases of pernicious malaria, namely the use of hyposulphite of soda in 10 to 12 gr. doses.

Dr. J. B. Elliott, Sr., of New Orleans, La., recommends this treatment, and it certainly is efficient. However, where there is a profuse medication displayed, and blackwater fever develops, quinin may not be held entirely responsible, for Dr. C. W. Schlayer reports a case of black water fever complicating malaria in a patient who recently returned to Germany from Africa, in which country he was free from malaria, owing to quinin prophylaxis. The blackwater complication followed the administration of a .75 gm. dose of phenacetine. I have had a case of blackwater fever follow the giving of a .4 gm. dose of phenacetine.

Reinhold Ruge (Deutche Medicinische Wochenschrift July 10th, '02), reports a case where the blackwater fever followed the administration of a .3 gm. dose of quinin, and concludes from a large experience that quinin prophylaxis is not, in all cases to be relied upon. However, he thinks that the method recommended by Kleine of the use of quinin enema during an attack is of benefit. He urges the microscopical examination of the urine, and claims that the blackwater complication can be detected for twenty-four hours before the appearance of the clinical signs, as polychromatophilic degeneration may be observed together with numerous macrocytes, microcytes and blood shadows.

According to Rosenstein, even chronic parenchymatous nephritis may be the result of malaria, and is developed either during the attack (especially if the sweating stage be absent) or at varying periods after the fever has subsided, even when the patient is sufficiently recovered to think himself able to return to work.

From Bartel's observations on patients in Kiel, who came from the plains of Schleswig Holstein, he draws the conclusion that malarial fever is one of the most active causes of chronic parenchymatous nephritis.

Senator gives malaria as a factor in nephritis.

Theyer and Hewetson, after observing 250 cases of malaria, place the percentage of kidney complications at 50 per cent; Thayer claims that he can trace the origin of chronic nephritis to malaria, and I have to believe that in one of my cases the only cause for the fatal nephritis was malaria. In the Roman Clinique, Rempicci made a study of 350 cases of malaria and takes into account all forms of kidney complications, from the simple to the graver forms, and says that out of the 350 cases 80 were of strictly malarial origin or about 23 per cent in his work at the hospital at San Spirito he found that acute and chronic nephritis may develop from malarial infection. In his collection there can be no doubt of the etiology.

Kelsch and Keiner give a 20 per cent nephritic complication in their malarial cases.

There is still some doubt as to the cause of this common complica-

Digitized by Google

tion in malaria, for all data as to its pathogenesis are at present only theories. However, we are no more at a loss here than we are in scarlet fever or diphtheria and many other diseases. The discovery of the malarial parasite has not thrown any new light on the subject. In pernicious infections there are very few parasites found in the kidneys. I have, however, found parasite infected red cells in the blood casts in the urine, yet at the same time the retrogressive changes in the epithelium may be so great as to cause necrosis. Bignami and Rempicci accredit this to the presence in the blood of a toxine of unknown origin. I believe this to be true to a great extent; in a mild attack of malaria the excreted toxines are readily handled by the excreting organs, but it has been my observation that nephritic disturbances are principally in the glomerule and along the central portion of the tubuli uriniferi where the capillaries are narrowest and most tortuous. They are first due to a blocking of the circulation by red cells, parasites and pigment, and a migration of parasites into the surrounding tissue, thus causing an acute congestion (transitory albuminurae). Second, where the infection is virulent and matured parasites are found in abundance, the toxines excreted by the parasite is sufficient, and is the causative agent of the severe and often fatal nephritis.

That these toxines are the excreta of matured parasites and are of acid reaction and irritant therapeutic action I firmly believe, although at present I am unable to absolutely demonstrate its truth.

Amputation of the Breast.

J. N. Jackson, Kansas City, Mo. (Journal A. M. A., March 3), describes in detail a new technic for use in radical operations for carcinoma of the breast. He claims for it the following advantages: 1. The flap forms a covering for the chest defect, as a rule without any grafting. Of course this implies that there has been no very extensive ulceration or other cause preventing the making of a healthy flap. 2. The drawing of the skin up to the arm does away with the axillary fossa, and thus with the large space obliterated by scar tissue with consequent pressure on the axillary vessels and nerves. 3. The ligation of all vessels at their nearest point of origin does away with the use of a large number of hemostatic forceps, saving time and avoiding the inconvenience of having them in the way. He has never used over a dozen forceps, and usually about six, and the operation has taken only from 40 minutes to one hour for its performance, never over an hour even when working slowly. 4. The absence of hemorrhage, so that it can almost be called a bloodless operation. 5. The entire technical portion of the operation is completed before the chest is exposed by the removal of the breast, therefore, long exposure of an enormous area of raw chest surface with its attendant shock is avoided. As soon as the breast is removed, in fact, the wound is ready to be closed. The description of the operation is illustrated and aided by cuts.

Digitized by Google

THE EYES OF SCHOOL CHILDREN

By ADOLPH BLITZ, M. D.
Boise, Idaho

Should we see a child carry a burden we deem too heavy for its light body, we would raise our voices in protest at the cruelty of those who are responsible for the act. If we meet a child, its young shoulders weighted down with a burden too heavy for its puny strength, our sympathy at once prompts us to hasten to its relief and only too gladly will we carry it for him. We do so eagerly, because, as we can readily imagine the dangerous effects an overstrain might produce on the little child, we follow the promptings of humanity within us and gladly hasten to the relief of the little fellow. We are ever ready to notice any visible distress conditions that appeal directly and forcibly to our sympathies and humanity.

But often children overtax some delicate portion of their organism that is not so readily visible to parents or guardians, and because of this invisibility the poor, afflicted little body often suffers permanent injury, which might have far-reaching consequences.

But as, naturally, the scope of this paper must be limited, I will confine my observations to some of the more practical points about the eyes of school children.

A child's eyes, like the rest of its body, are in the developing stage only. Under favorable conditions, naturally, they are capable of performing the work assigned to them, without injury to them or to the general system.

But there exist, in some eyes and their surroundings, numerous adverse conditions that prohibit the indiscriminate use of such eyes during school life. They are often incapable of properly performing the ordinary work nature has assigned to them, much less can they stand it to be burdened with overwork, as is more often the case than is generally appreciated by parents, guardians and teachers.

When we consider the intense activity of the tiny muscle that is always busy during waking hours in accommodating the eye for distinct vision at any normal distance, it is wonderful that it is capable to work so long without much rest. It is really marvelous that so small a body as the ciliary muscle is capable of such a vast amount of consecutive work without fatigue in a perfectly normal eye.

But when healthy adult eyes have been long overtaxed, and the ciliary muscles forced to accommodate beyond their capacity, they often, for a time, reluctantly obey the will of a too exacting task-master, but under protest only.

This protest may assume a variety of forms. Generally they are sufficiently painful, or annoyingly persistent to remind the sufferer that assistance is needed and that the demand must be satisfied.

If this is true of adult eyes, how much more is it true of the eyes

Digitized by Google

of the young. They are less able to enforce accommodative obedience of their tired ciliary muscles, because of the lack of reserve strength in them. Hence, such eyes are more prone to give out early, and manifest to a greater degree the ill effects to the nervous system following overworking of the eye-muscles.

Nor are the ciliary muscles alone to be considered at fault, for often some of the motor muscles also suffer, more or less, from insufficiencies, which, when left uncorrected are liable to bring on symptoms, that often, besides causing aches and pains, mental discomfort and other ills, are liable to produce nerve conditions that might wreck the entire nervous system.

We want our children to grow up to be men and women as nearly free from physical defects as possible. In order to gain that end, it is necessary that we remove all impediments that may act as a check to their proper normal development, both mental and physical.

While in the schoolroom the child receives its mental training, it should never be at the expense of its physical development. Therefore it should be our aim to eliminate, or correct, everything that has a tendency to weaken the mental and physical capacity of a child during development.

In order, then, to establish a record of the physical condition of the children in our public schools, they should be subjected to a careful examination. Such a measure may result in considerable benefit to the child, without doing any possible hurt.

The school board requires that, before being admitted to the school, all children must be vaccinated and a certificate from the physician is necessary to show compliance with this order.

This is almost universally recognized as a strictly necessary preventive measure, in accord with scientific teaching, to guard against the introduction and spread of smallpox infection.

We also guard against the introduction and spread of other contagious and infectious diseases. Why, then, should we not also prevent the introduction and spread of contagious eye diseases amongst the children in the schools?

Is it not more sensible to keep a child suffering with trachomatous eyelids, or an aggravated form of catarrhal or purulent conjunctivitis, from entering a school, rather than subject an entire class to infection from trachomatous conjunctivitis, that may last for months, or years if neglected, and possibly damage vision permanently?

If children suffering from contagious eye diseases are refused admission to the public schools on the grounds stated above, some of the sufferers, mostly the children of poor, ignorant parents, would be more likely to have some kind of treatment instituted to relieve them of their trouble, when otherwise they would probably be neglcted and suffer permanent injury to their eyes.

Many times children are scolded by the teacher for inattention, and often punished also, for failure to correctly read the lesson on the blackboard across the room, when in reality the child's hearing or vision is to blame.

A child might enter school with practically normal eyes, but after

Digitized by Google

months of close application, develop a myopia or hyperopia, or a simple myopic or hyperopic astigmatism may exist, that becomes accentuated by close application of the eyes in study. Such children may be neither inattentive nor dullards; they simply have defective vision; some refractive error prevents them from distinguishing the figures on the blackboard, and so, of course, they fail to read them correctly.

Many children are too bashful to state that they cannot see plainly, or they may be entirely ignorant of the fact that a deficiency of vision exists. If they never have had perfect vision, how can they judge of the correct appearance of distant objects?

Is it right that children be punished for a fault that is not their's; for which they are not in the least responsible? Still this happens often, especially if the teacher is inexperienced, or lacks acute perceptive powers and clear judgment. Here the necessity for a remedy is obvious. If children have errors of refraction, the teacher should be able to detect it, even if the little ones have been passed into the school without a proper examination. It should be the duty of the teacher, on the day following the opening of school, to test the acuity of vision of each pupil and record it in a book provided for that purpose.

Each schoolroom should be provided with two test cards—one, a Snellen's card of test letters, and the other a chart containing radical lines, to test for astigmatism. These charts should be placed at least fifteen, but preferably twenty feet from the eyes to be examined.

The child is placed with back to the window and each eye tested separately, a card being held before the eye not under examination.

The teacher who examines the child should ascertain the following facts:

1. Does the eye see all the lines on the astigmatism chart equally black and distinct, or are some of the lines plainer than others?

2. Can the child read plainly all the letters on line marked XX on the Snellen's card of types at twenty feet distance, or the letters in line marked XV at fifteen feet, or are the majority of the letters indistinct with either eye?

3. Does the child habitually complain of a tired, or painful sensation in and about the eyes after study?

4. Do the eyes water after a moderate amount of study?

5. Are the edges of the eyelids always inflamed?

6. Do the eyes turn in towards the nose or do they diverge?

If at the completion of the examination the teacher is satisfied that the child's eyes are defective and demand attention, then a note, setting forth the fact, should be sent to the parents or guardians, advising that proper steps be taken to correct existing errors.

We frequently see cases of hyperopia of low degree, which does not affect vision in the least, but is nevertheless productive of intractible headaches and pronounced neurasthenic conditions. Then again we see cases of hyperopia and astigmatism that result in convergent strabismus and often in a permanent ambliopia.

Myopes have to contend with even worse conditions. While moderate grades of myopia in the young have, at first, no very serious ef-

Digitized by Google

fects, we must not lose sight of the fact that, as Donders so aptly said, "a myopic eye is a sick eye and needs close watching." A myopic eye must be examined often, twice a year, if possible. The form-changes sometimes occur very rapidly and each change should be at once corrected, to prevent a greater change from any enforced overstrain.

While in myopia the asthenopic symptoms are not so frequent as in hyperopia, still when left uncorrected, the results are often more to be dreaded.

Myopia may result in divergent strabismus, keratoconus, nystagmus, posterior staphyloma, intra-ocular hemorrhage, detachment of the retina, or cataract.

Unfortunately, adult myopes do not always take kindly to glasses, as the sharpening of the image and difference in orientation is very confusing at first, and unless ambitious, they prefer getting along with a contracted and indistinct vision, especially as their undeveloped ciliary muscles prevent comfortable near work. They therefore prefer choosing a class of work only that is best adapted to their short sight.

It is, therefore, easy to comprehend why moderate cases of myopia, or myopic astigmatism, should be corrected as early as possible, at beginning of school life at any rate, if not before, to prevent the disastrous results of eye-strain that school work entails.

The organ of vision is so easily injured by excessive work during early life, and when once so injured is not so very readily amenable to corrections as is commonly supposed.

Then, again, many reflex phenomena and often obscure nerve conditions have been traced to refractive errors and muscle imbalance. The importance of the relations between refractive errors, with or without muscle imbalance, and the general system, but especially the nervous system, unfortunately, has been too long overlooked. Many cases that have been referred to the specialist by the family physician were entirely relieved of all nervous symptoms where medical treatment alone had failed.

The most common results of overstrain in refractive errors and muscle insufficiencies are headache—the pain may be in the temples, brows, the top of the head, the parietal regions, or the back of the head. There may be vertigo and nausea, confusion of thought, chorea, epilepsy, hysteria, neurasthenia, etc.

Savage records that a case of stammering was unexpectedly cured by a Denver oculist who prescribed prisms to be worn for an esophoria. The doctor was so astonished by the result that he decided to remove the prisms, in order to determine whether the cure was a coincidence or a consequence. The stammering returned and was again relieved by the wearing of the prisms.

Doctor Hale, of Nashville, Tenn., once had a little patient suffering from a refractive error, whose bladder was so irritable that micturition in sleep was almost a nightly occurrence; but at the time of the examination nothing was told the doctor about the irritable bladder. Later the parents reported that the glasses had done more than was contemplated, in that the irritability of the bladder had vanished. The doctor,

Digitized by Google

greatly astonished at that, decided to test the relationship between the refractive error and the irritability of the bladdr by withholding the glasses. Almost immediately the bladder trouble returned, to disappear again permanently on restoring the glasses to the child.

Many cases could be cited of the sympathy of remote organs—of the female generative organs for instance—with eyes, in their efforts to overcome errors of adjustment and errors of focus.

I refer to these cases only to show how important it is to correct all errors of refraction and muscle-imbalance in the young as early as possible in order to avoid the dangers incident thereto. It will, in a degree, minimize the dangers that always surround the life of children during the formative stage, before their real life's work commences.

Doctor Ranney, in discussing eye-strain in youth, submits the following conclusions, which I take the liberty to reproduce here.

1. Eye-strain cannot be recognized too early in youth.

2. Its scientific investigation by modern methods and its radical correction may favorably modify both physical and mental development.

3. The neglect of an existing eye-strain may in time allow it to exhaust the reserve nerve capital of the sufferer and produce untold ills, both of body and mind.

4. No child should ever be allowed to begin education until it is known that its eyes are properly fitted for the work.

5. Legislative enactment should, and surely will in time, compel an eye-examination of every child before it enters the public schools.

6. Teachers should also be instructed in the rudimentary steps of vision testing.

7. Tests for mal-adjustment of eye-muscles should be made on every child as thoroughly and intelligently as tests for errors of refraction are made prior to its education.

8. A knowledge of the possible effects of eye-strain on mental and physical development cannot be too widely disseminated among parents and teachers.

9. The direct causal relationship between "eye-strain" and nervous diseases is too well established today to require further proof, or even to justify further discussion.

10. The modern methods of testing for anomalies of adjustment of eye-muscles are the only ones that can furnish us with scientific and accurate information. The time has happily passed when any oculist can instruct a patient to simply follow with the eyes some object held before the eyes, and then on that test alone give a final decision as to whether mal-adjustment of the eye-muscles exists or does not exist.

11. The cure of disease today is intelligently based on the search "for its cause," rather than on the indiscriminate use of drugs; and the prevention of disease is rapidly becoming more important to the medical mind, and also to the laity than its cure.

12. The detection of eye-strain in youth is an important step in preventive medicine, and the arrest of a nervous leak may save many a child from a permanent breakdown when an adult.

Digitized by Google

13. The study of facial expression and head posture is destined to become an important aid in diagnosis.

14. The governing boards of institutions for the feeble-minded, the epileptic, and the insane will sooner or later be compelled to investigate more carefully and earnestly than in the past the eye conditions of their inmates.

Office Rooms 17, 18 and 19 Falk Building.

Diver's Paralysis.

White and Bainbridge, in the London Lancet, report the case of a man, aged 38 years, who when first seen was suffering from loss of power in the legs and sleeplessness. He was a professional diver and had often suffered from the "bends"—a transient paresis which would come on after diving to any depth over 80 feet, but soon passed off. Sleeplessness had troubled him for nine years, sometimes being so severe that he had to give up work. His walk was slow and labored, his feet were dropped, and his muscles generally were weak. The knee jerks were absent, but the pupils were normal. The patient developed pulmonary tuberculosis from which he died three months later. Histological examination of the spinal cord showed no definite lesions. Each of the attacks of paralysis after diving was undoubtedly due to the escape of gas bubbles into the blood vessels and tissues of the spinal cord. Yet the power of recovery was so great that no change could be seen in the cord only three months after the last attack.

A Philippine Fever.

Two cases of a somewhat temporary febrile affection suggesting typhoid or malaria and the discovery of a peculiar organism associated with it are reported by H. D. Bloombergh and J. Morgan Coffin, assistant surgeons U. S. A. (Journal A. M. A., October 28). The fever was accompanied with general malaise and in one of the cases with marked muscular pains. It started with chills, but sweats were lacking. The organism was found in the red blood cells. It is a motile hemocytozoon, approximately 2.5 microns long, 1 micron broad, unpigmented, and refractive like the malarial parasite. Its movements are of two kinds, the first depending on its rotation on one or other of its two axes and the other an independent movement from one position to another within the cell. The motion ceased after several hours' observation and in specimens kept over night a few narrow ring-shaped bodies were found. This parasite was probably first described by Assistant Surgeon H. M. Smith, U. S. A., (Surgeon General's Report, 104), and the reason it has not been more generally recognized in the peculiar transient fever that occurs in some portions of the Philippines without the present of the malarial parasite, is its small number in the blood. Smith's cases were reported under the head of estivomalarial fever, though he remarks on the peculiarities of the organism and its possible distinctness.

Digitized by Google

THE CLIMATE OF THE PACIFIC NORTHWEST AND ITS INFLUENCE ON NERVOUS AND MENTAL DISEASES

By WILLIAM HOUSE, M.D.
Resident Physician Crystal Springs Sanitarium
Portland, Oregon

It is a commonly known fact that the person who removes from east of the mountains to the Willamette Valley will find himself able to sleep from one to two hours longer each night than has been his previous custom. The influence of the Valley on somnolence is well attested by all old residenters. It is further said that during winter months, people in the Valley do not feel well unless it is raining. While this may be taken *cum grano salis,* it is certain there is more sickness during dry sunny winter weather than during rainy periods.

The casual observer is at a loss to account for this condition. Such a state of affairs, according to past climatologic conceptions and teachings, is anomalous, and no complete scientific explanation, up to a recent date, has been forthcoming. In a practical clinical way, Dr. Henry Waldo Coe, in a paper on "Climate for Nervous Disease," printed in the Denver Medical Times, March, 1900, called attention to the locally well recognized tendency of nervous patients to improve when removed to the Willamette Valley. He attributed this improvement to (a) the mildness of the climate, (b) the humidity, (c) the low altitude, and (d) the removal from the excessive sunlight. His conclusions, based upon careful observations of many nervous and insane patients were, in substance, that this region is as favorable for the treatment of such troubles as the Southwest *was supposed* to be for the care of tuberculous patients.

For years chronic invalids, no matter what their affliction, tuberculosis, rheumatism, heart disease, nervous trouble, without rhyme or reason, have been sent to Southern California,—the Riviera of America. In so far as heart disease and nervous troubles, at least, are converned, this practice was and is in direct conflict with the deductions of Coe. The revulsion of feeling against the practice of shipping all our tuberculous patients south, has already resulted in more careful study of the effects of climate upon disease, and it is to be hoped that the body of the medical profession will learn to appreciate in full the benefits of residence in the *Pacific Northwest,—the healthiest region of the United States.*

In a paper read before the Northern New York Medical Society, and published in the Medical Record, on "The Neurasthenic States Caused by Excessive Light," Major Chas. E. Woodruff, Surgeon U. S. A., an observer whose wide experience and trained powers of ob-

Digitized by Google

servation lend weight to his views, has presented a logical and scientific explanation of the decided gain almost immediately noticeable in neurasthenics removing to the Pacific Northwest coast.

Arguing from (a) the known destructiveness of powerful light upon bacteria, (b) the excessive prevalence of neurasthenia in such regions as the brilliantly sun-illumined Rocky mountain table lands, (c) the rapidity with which the slow, phlegmatic Norwegian, accustomed to a dark climate from birth, becomes when transplanted "in one generation 'just as nervous as the rest of us,'" (d) and from the fact that blondes (who lack pigment which protects from the sun) more quickly than brunettes succumb to light exposure in the tropics, Woodruff draws the reasonable inference that light is far from being an unmixed blessing, and manifests itself in a tendency to produce severe nervous disturbance with exhaustion and loss of physical resisting power. He states in part:

"It has been proved that under the influence of excessive light which is not strong enough to be fatal, metabolism goes on at an increased pace and carbonic acid is excreted in larger amounts. It is easy to see that this process cannot have any other ultimate result than exhaustion, and this is what we find in the tropics where neurasthenia is a very common condition among those who are careless in exposing themselves to the sun. Dr. L. H. Fales (American Medicine, April 1, 1905,) mentions that this condition is particularly common in the women, though several British India physicians believe that the men are the greater sufferers. I have found it quite common in both sexes. In men it is apt to be concealed owing to their greater musculature and better blood conditions, and the disease is rarely mentioned, as there is sure to be some coincident infection or organic trouble for which treatment is given—indeed these conditions invariably magnify the neurasthenia."

Further on he continues:

"I have been informed by a Philadelphia neurologist that most if not all his neurasthenics are from the South, and blonde at that. The Northwest corner of the United States is the cloudiest and rainiest. Not only do blondes flourish there, but the report of the Surgeon-General shows that the soldiers in that region have the lowest sick and death rates of any place in the country. As soldiers are all of one type and live under identical conditions, this result must be due to the cloudy climate."

* * *

"It has long been known that suicides and insanity are more frequent in the lighter months of the year than in the darker—phenomena noticed in every part of the world. It seems that the pain or irritation due to the light is the last straw, which forces melancholics to the final act. Chronic manias are reported to be worse after several days of intense light, and school children are known to be better behaved in soothing, dark days, but irritable and hard to manage after several days of bright light streaming into the school room. Their sufferings can be imagined when it is known that there is an actual sun pain, or

Digitized by Google

a curious blinding headache resulting from light glare in the Philippines, even when there is not an excessive heat. I have found these cases so bad that life was hardly worth the living, and yet complete relief could be obtained through darkening the house with appropriate window shades and verandas. It is a dreadful pain, which is more marked in the blonde, the neurasthenic, and in women. Hence it is true that dark, gloomy weather has a soothing effect, and reduces crime, insanity, misdemeanors, and suicides, and has the exact opposite result of what popular opinion gives to it. (See Dexter's 'Weather Influences.')"

* * *

"The practical point following from all this is the important matter for the medical profession. If it is true that excessive light is one of the many causes of neurasthenia, it follows that this condition in America should be worse in blondes than in brunettes, should be worse in the cities than in the country, and should be vastly benefited or cured by removal to dark, cloudy climates. As a matter of fact, severe cases are known to be remarkably benefited by removal from the city in the summer, and are made worse by remaining; are damaged by a trip to lighter climates and benefited or cured by a sojourn in northern cloudy ones. It is not the heat, for the fact is the same, even if the sufferer escapes the heat. Of course cases arise in cloudy places if there are other causes. It is merely proof that light is one of the causes of this trouble."

* * *

"One of the phenomena of our Rocky Mountain tablelands is the neurasthenia which so often compels the sufferer to seek a lower level. All sorts of explanations have been given for this state of affairs, but upon investigation they are found inadequate. The only difference between those elevated region and lower places, which we can surely accuse, is the excessive light. The ultra-violet rays in particular are exceedingly powerful, and in mountain climbers they cause the well known glacier burns which are actual ecchymoses. It has been found that cloudy days in Denver bring great relief, and an equal relief is found by removal to lower levels to which the ultra-violet rays do not penetrate in such amount. It has long been known that American women, and particularly the blondes, do not flourish in such parts of the United States as Arizona and New Mexico, where the streams of light are excessive. In the course of some years neurasthenia makes its appearance, and if the patient does not move to darker places she is liable to go under through some co-incident infection. To be safe from such light, one should be as dark as an Apache Indian."

* * *

"In my tours of service in various parts of the country, I have been particularly struck with the fact that neurasthenics are worse in the light parts than in the dark, and am quite of the opinion that the profession could not do better than to send such cases to these Northern latitudes either here or on the Northwest coast, where it is so cloudy

Digitized by Google

and where the people are so enthusiastic over their climate in spite of its clouds."

All that Dr. Woodruff so clearly states regarding disease phenomena witnessed in sunny climes and in the Rocky Mountain tablelands is a matter of comparatively common knowledge, but nowhere else has this knowledge been so well put together, and by no one else has the rationale of these processes been so scientifically explained. In the Northwest it is universally recognized that the coast climate predisposes to a lessening of the physical restlessness of new comers, sick or well, who sleep better, eat better, and gain weight almost as soon as they remove from the East to the Valley regions of the coast.

In a personal way, the writer, while practicing medicine in Eastern Oregon, had a number of patients suffering from cardiac palpitation (functional) associated with marked neurasthenic phenomena, whom he treated for varying periods without conspicuous success, and in despair sent to Portland. Invariably they were relieved promptly, sometimes with and sometimes without treatment. The effect was so pronounced that several patients returned after but a week or ten days supposedly cured, only to have recurrences in a month or two. Profoundly marked neurasthenia, hysteria and functional heart disease were observed frequently all through the dry and sunny regions of Eastern Orgeon, in altitudes from one to two thousand feet, not sufficient in itself to cause such disturbances, and it was and is the rule for such patients to obtain prompt relief on removing to the Valley towns.

At Crystal Springs Sanitarium, it has long been the custom to regard most hopefully those patients coming from the dry, sunny regions east of the mountains, for in such instances the influence of peculiar climatological conditions as causative factors of nervous states has been well recognized. And the decidedly rapid improvement noted in such cases is the basis in which this opinion has its foundation. These results are by no means limited to neurasthenics. Cases of acute mania from east of the mountains almost invariably become less excited upon removal to the Valley. The writer is unable to recall a single male patient with this disease in the past three years, in whom convalescence was not established in from four to six weeks from the date of admission. The exact number of such cases treated is not at this moment available, but at least twelve have been under care. In women there has been an equal number of cases, but the duration has been on an average longer than in men, yet every case has in time recovered fully. There can be little or no doubt that much of this success was due to the great assistance of the mild and humid climate. To go further, there can be no question that prolonged periods of bright, dry weather directly influence the production of nervous irritability amongst both mental and nervous cases, and it is a frequent occurrence to find the maniacal cases more restless and talkative at the end of a three days' dry period, such as existed during the middle of last month. On making customary rounds in the last days of that period, the writer found, in widely separated cottages, complaints of

Digitized by Google

unusual excitement amongst maniac and maniac-depressive patients, almost every one of whom, yielding to some unseen influence, was in an aggravated condition. The neurasthenic patients were also feeling more unstable than usual, and several of the nurses had headaches as a result of their undue activity. The soothing influence of the mild cloudy days of the two weeks immediately succeeding that period has been manifested in the recovery of two cases of melancholia, decided improvement in two neurasthenics—one of them has left for home believing himself fully recovered—and in the establishment of convalescense in two acute mania cases, one of six and the other of ten weeks' duration; while throughout, all the patients are quieter and less of a strain on nurses and physicians.

Major Woodruff's paper deserves careful attention, for his theories are most certainly borne out by facts well recognized by medical men throughout the Pacific Northwest coast regions, which presents delightful climatologic features equalled in no other portion of the United States. This winter there has been no snow in Portland, and the ground at Mt. Tabor, which is somewhat higher than the city, and therefore colder, has never been frozen. With cool nights in summer and warm nights in winter, with but rare flights of the thermometer into or above the eighties, and rarer descents below the freezing point, no wonder the findings of the Surgeon-General of the United States can be summed up in the perhaps (to him) unconsciously glowing tribute to this region with which Major Woodruff concludes his brilliant discourse:

"The last report of the Surgeon-General of the Army shows that the healthiest spot in the country is the Northwestern corner, the Department of Columbia having the lowest sick and death records. As the soldiers are under identical conditions everywhere, this result must be due to the climate, and as this spot is more cloudy and rainy than any other, it certainly shows that we must revise some of our old estimates of the excellence of sunny climates."

Tuberculosis and Patent Medicines.

G. R. Pogue, Denver (Journal A. M. A., March 3), thinks that our therapeutic nihilism and teaching that only outdoor treatment is effective for tuberculosis, has had a bad effect and has driven many victims of the disease to the use of proprietary remedies that immodestly and incorrectly advertise their alleged efficacy. He was recently told by a prominent pharmacist that while the sale of patent medicines had notably fallen off, he still sold large quantities of them to consumptives. Climatic resorts to which consumptives flock are a bonanza for the advertising quack and patent medicine vender whose stock argument is that physicians admittedly have no cure for the disease as compared with their unfailing panaceas. The poor consumptives are only too ready to grasp at any straw, hence they fall readily into the hands of these quacks. Our therapeutic nihilist, as regards consumption, could do better, Pogue thinks, if they would turn their talents in some other direction when they write for the information of the laity.

Digitized by Google

Medical Societies

Portland City and County Medical Society.

The regular meeting of this society was held on February 7, 1906, Dr. Skene in the chair and Dr. Hill acting secretary. There were 35 members present and two visitors.

Dr. A. Tilzer read the paper of the evening on "Social Aspects of Dermatology," which is printed in another part of this issue of the Sentinel.

The paper was discussed by Drs. King, Nunn, Cardwell, Fessler and Josephi.

The rejoinder to Dr. McCormack's article and editorial in the Journal of the American Medical Association, prepared by the committee appointed by the society, was read and approved.

The rejoinder (published in the A. M. A. Journal of March 3) was as follows:

Organization in Oregon—Further Discussion.

Portland, Ore., Feb. 10, 1906.

To the Editor: Obedient to the call of its president, the City and County Medical Society of Portland, Ore., convened Jan. 3, 1906, to take action on a letter written by Dr. McCormack to The Journal of the American Medical Association under the caption, "Oregon Practically an Unorganized State," and also on an editorial which appeared in the same issue of The Journal based on the letter in question.

The meeting of the society was the largest and most representative in its history, and the discussion which took place was general and of the most animated character. The consensus of thought at the meeting was unanimous and the opinion prevailed that Dr. McCormack by his letter to The Journal and The Journal by its editorial did grievous wrong to the profession of Oregon and to its organized societies by publishing the aforesaid letter and editorial and circulating them broadcast, to the detriment of the fair name and credit of the profession of the State of Oregon—a profession, forsooth, which demonstrated beyond all question and cavil its title to being united and well organized, by giving to the American Medical Association one of the most successful sessions that it has ever held.

It is recalled that Dr. McCormack delivered an address to the City and County Medical Society on "Organization," and that at no part of his discourse was there even as much as a hint dropped that his mind harbored such painful impressions concerning the profession of the state and the evils which were corroding and corrupting it. On the contrary, his words carried with them warmth and comfort and made every one feel that he himself felt that his work of organization in the state was satisfactory and sufficient.

Dr. McCormack is reminded that in the discussion which followed his excellent and most interesting address at the meeting referred to there was a very frank avowal of those minor dissensions and differences which exist in all societies, but which found no deeper root in the Portland Society and the profession at large of the State of Oregon than elsewhere, and which were nothing more than surface manifestations of antagonisms which are normal in the modern, strenuous, competitive life.

The City and County Medical Society of Portland, for itself and for the profession of the State of Oregon, resents the charges made in Dr. McCormack's letter and in the editorial

Digitized by Google

columns of The Journal of the American Medical Association, and characterizes them as unjust and unwarranted.

The Society resents and denies the charge that a factional spirit exists obnoxiously in the society that is responsible for the demoralization of the profession throughout the state, and on behalf of its own membership denies the charge that it is divided by factions and that factional spirit is so rife that the society consumes its energies in its internal discords, thereby nullifying useful effort and hindering all progress, and in answer thereto affirms that the record will show to the unprejudiced investigator that the society has not fallen far short from fulfilling its duties and obligations to the public, to the society and to the profession in all the varied relations that interact between them.

The society resents the charge and denies the truth of the allegation that the most influential members of the profession are outside of the society, and in answer thereto it states that the best elements of the profession are within the society; that the society is actuated by a broad and liberal spirit and has always evinced a readiness and willingness to welcome within its ranks all reputable professional men and women, that it has blackballed none but those who were proved unworthy of being enrolled in its membership on account of flagrant acts of unprofessional conduct.

On behalf of the regular practitioners of the State of Oregon the society resents and characterizes the statement as misleading, mischievous and false that "the average grade of the profession is low and the spirit nonprogressive," and in answer thereto respectfully affirms that the great majority (fully 80 per cent.) of the professional men in the State of Oregon now in active practice are graduates of medical schools in excellent standing from the eastern and southern states and from the middle west, and that the charge carries with it a reflection on these schools and the imputation that their graduates and alumni are not worthy or well qualified, and in further answer thereto it is affirmed that it is the progressive spirit which prompts men in all stations in life and all callings to go far afield for their chosen spheres of work —that the spirit of the west stands for progress and forever proclaims enterprise.

In behalf of the district and county societies of Oregon, which have not escaped Dr. McCormack's denunciation, the Portland Society avers at this time nothing, inasmuch as Dr. McCormack has so recently visited them, and is, therefore, presumably the better qualified to judge. But in defense of those pioneers of the profession who are striving, under great disadvantages, with limited facilities for communication, to set afoot the intricate and difficult work of organization, it reserves the right to challenge the wisdom of administering a word of rebuke where a timely word of encouragement was most needed.

In defense of the medical schools of the State of Oregon, which are charged with imparting an indifferent standard of medical education, the society has carefully noted Dr. Josephi's letter to The Journal of the American Medical Association in its issue of Jan. 13, 1906, and, approving its tenor and spirit, commend it to all those who desire to learn the truth regarding the status of medical education in the State of Oregon, and in this connection the society begs leave to say that Dr. Josephi, who has been the dean of the faculty of the Medical Department of the Oregon State

Digitized by Google

University for nearly twenty years, has devoted his best thought and efforts in furtherance of higher standards, and in the prosecution of his work he has enjoyed the undivided support of his colleagues in the faculty, most of whom, being graduates of the best eastern schools, with subsequent European training, are, therefore, pledged to the principal of higher education, and the same may be said regarding the Medical Department of the Willamette University at Salem.

The society has not at its disposal at this time a transcript of the records of the State Board of Medical Examiners, but it believes that the board is striving earnestly to fulfill its functions and to execute the law. The society believes that in its own defense the State Board of Medical Examiners can refute the charges preferred against it by Dr. McCormack that its low standards of requirements have made the State of Oregon the dumping ground for low-grade men who have failed to pass their examinations in neighboring or even distant states. The law is admitted to be defective, but it was the best that could be enacted at the time, and it marked a forward step, which the society believes will soon be followed by another and greater.

In answer to the charge that the professional fees in the State of Oregon are based on a low standard, the question can be easily solved by reference to the City and County Medical Society fee schedule, which will convince the most skeptical that, while the schedule may be low in spots, the average is higher—infinitely higher—than the average fees in eastern states and the middle west, and will compare very closely with the higher schedules of California and Washington.

The society, acknowledging no disposition on its part to defend the baseness of those who confessed to Dr. McCormack a willingness to debauch their profession and to reduce it with all its glorious traditions to the level of a paltry trade, admits the existence of such evils as Dr. McCormack refers to as "commercialism, division of fees, lodge and other forms of contract practice and kindred evils," but it makes an emphatic denial to the charges that these evils are more pronounced and widespread in the State of Oregon than elsewhere, and Dr. McCormack is respectfully informed that these evils were unheard of and unknown in the State of Oregon until a few short years ago; that the origin of this epidemic or pandemic disorder has been traced to the east and south and middle west; that it has crept slowly to the west, where it has found only limited and partial lodgment, and, furthermore, that the devotees of this nefarious traffic are now known, marked and doomed to the obliquity that awaits them.

Finally, the City and County Medical Society of Portland, for the profession which it represents and for itself, confessing frankly its shortcomings and imperfections and admitting the existence of faults and flaws in its organization, for which at all times it respectfully solicits the aid and co-operation of the parent organization and the wise councils of its accredited representatives, always, however, in respectful form and with due regard to the amenities of polite life, exercises at this time its right to challenge both Dr. McCormack, who is counted an accredited representative of the American Medical Association and The Journal of the American Medical Association to establish proofs of the charges and allegation, all of which are herein and hereby

Digitized by Google

categorically denied.

Always mindful of the splendid service that The Journal of the American Medical Association has rendered and is rendering the medical profession, and its courteous recognition of the efforts of the profession of Oregon at the last session of the American Medical Association, and mindful, also, of the conspicuous service which Dr. McCormack has rendered the profession as missionary in the work of organization and in the interest of higher standards, both in ethics and practice, we remain, for the City and County Medical Society of Portland,

HENRY WALDO COE,
Pres. City and County Medical Society.
GEORGE F. WILSON,
Pres. Oregon State Medical Society.
WALTER E. CARLL,
Ex-Pres. Oregon State Board Med. Ex.
KENNETH A. J. MACKENZIE,
Second Vice-President American Medical Association.

Dr. Bell introduced a resolution in regard to contract practice, which was later withdrawn and a motion by Dr. Cauthorn substituted, that a committee of three be appointed by the chair to draw up a set of resolutions and report at the next meeting. The motion was carried. The committee was appointed, consisting of Drs. Bell, Cauthorn and Wiley.

Dr. A. D. Walker reported, and later showed case of a man who imagined that he had worms under the skin, which moved about from place to place. The man had been treated by a number of physicians, who had recognized that he had a delusion. The case was operated upon by Dr. Ansplund, without improvement.

The regular meeting of the Portland City and County Medical Society was held on February 21st, 25 members present and two visitors.

The following were elected members of the society: F. H. Dammasch, Sandford Loeb, F. A. Short, Gresham, W. V. Spencer, H. A. Start, J. G. Swenson.

Dr. K. A. J. Mackenzie exhibited a specimen of carcinoma of stomach; the patient was a man aged 57; for the past year he had marked dyspeptic symptoms, with loss of weight and strength. For five or six years prior he had a great deal of pain in the stomach. Examination showed a palpable tumor, freely moveable. Advised exploratory laparotomy. At the operation the tumor was found on the posterior surface of the stomach, near the pylorus, only slightly adherent to the mesentery. Pylorus and nearly half stomach were removed, and duodenum and stomach ends were closed. Posterior gastrojejunostomy performed; several glands along greater curvature were palpable and removed. Three and a half weeks after operation pain was all gone and patient greatly improved; gaining half a pound daily.

Dr. Yenney exhibited a specimen of ulcer of the oesophagus, which had ruptured into the pleura. Patient was 25 years old. No past history of illness or injury. Indulged rather excessively in alcohol. Worked until the day before death. Evening before was taken suddenly with heavy pain in the epigastrium, which ran through to the back; pain mainly to the left of the sternum. When seen two hours later, temperature was normal, pulse not rapid; very restless. Was given morphia. Next morning, after rather a restless night, developed sudden emphysema of neck and face and died within half an hour. Post mortem showed both lungs contracted; sour fluid free in both pleural cavities, evidently stomach contents. There was a perforated ulcer of the oesophagus,

Digitized by Google

which opened into the pleural cavity. Was also fatty infiltration of the heart, and excessive fat in the pericardium. Death due to acute pneumothorax.

Dr. Yenny also showed a case of a heart with marked vegetative endocarditis. The valves were badly shrunken and the aorta was smaller than normal. Patient died of supposed uremic convulsions. Had also complete anuria with a large amount of albumen and numerous casts.

Drs. Marsh and Whiteside exhibited a specimen of the bladder from a woman aged 57. She had had symptoms of cystitis for 14 years; had lost 40 pounds of weight in the last year. There was blood in the urine, and also small flakes of tissue. Bi-manual examination was impossible because of tenderness above the symphysis. Bladder was irrigated daily; held one ounce, and cystoscopic examination was practically impossible. Was given an anesthetic and diagnosis made of malignant growth in the bladder. Post-mortem revealed abscess just above the symphysis where the anterior wall of the bladder was perforated. The tumor sprang from the anterior surface of the bladder, and was a spindle cell sarcoma. Kidneys were nearly all destroyed; ureter was very large and would admit one finger. Uterus and vagina were practically uninvolved.

The paper of the evening was by Dr. Marie Equi on "Retro-Displacement of the Uterus," read by Dr. Mary Parker, in the absence of the author.

In the discussion of the paper, Dr. Tucker said he thought that congenital displacements of the uterus were more frequent than usually stated, due to the contraction of the broad ligament. The broad ligaments did not lie transversely in the pelvis, but run directly up along the sacrum. In the embryo the ovaries and the beginning of the broad ligaments are situated along side of the kidney, and as development goes on, they are drawn down into the pelvis. There are many cases of retro-displacements which do not need operation, and which give practically no symptoms. Endometritis is very rarely present. Curettage is harmful in these cases rather than necessary. Intra-abdominal pressure is of considerable importance in causing displacements in certain occupations, such as standing up all day, or bending over a desk.

Dr. Wright stated that the author had not described the Kelly operation properly, and that the method used by Kelly in ventro-suspension was to pass the suture merely through the parietal peritoneum instead of including a few fibres of the rectus muscle. A few cases of difficult labor following ventro-suspension were no record, where the cervix was turned back into the hollow of the sacrum, making delivery exceedingly difficult.

Dr. Mackenzie said he had seen many cases of retro-displacement which did not present symptoms, and thought that all such cases should be left alone. Visceroptosis was a frequent cause of this condition, and also repeated over distension of the bladder and rectum. He considered that the importance of abdominal pressure as a cause of this condition was greatly over estimated. The Olshausen-Kelly operation was the best surgical means of overcoming retro-displacement. He related a case in which ventro-suspension was done, and the patient's symptoms were entirely relieved. Some months later the patient developed symptoms of acute intestinal obstruction. An operation was performed, and a loop of small intestine was found strangu-

Digitized by Google

lated between the ligament formed by the former suspension and the uterus; about eight inches of intestine was resected, and the patient recovered.

Dr. Marsh had had three cases of confinement in women who had had the Kelly operation performed. Two had perfectly normal labor, and the third had a very difficult labor, as the cervix presented in the hollow of the sacrum, so that there was great difficulty in delivering the head.

Case Report.

Dr. Cauthorn spoke of a case of fracture of the femur occurring during delivery of a breech presentation, where traction was made only by the fingers. He tried various methods of fixation without success, but finally flexed the thigh at right angles to the trunk, with bent knee, and applied a plaster cast, using extension on the thigh until the plaster had set. The cast was applied well above the pelvis over the trunk. At the end of 3 days union was solid and there was extensive callus thrown out. At the end of three months union was perfect, and the excess callus had disappeared. The child suffered very little pain and discomfort from this unusual position, and Dr. Cauthorn advised the use of this method in any similar case, though he had never seen it described in any text-book.

Lodge Contract Practice.

The committee appointed to present a report on lodge and contract practice submitted the following resolutions:

Resolved, That the City and County Medical Society of Portland, Orégon, condemns the following forms of contract practice:

First—Any form of contract to treat the members of any association or corporation, whose membership is composed of persons obtained from the general public by solicitation of agents or otherwise.

Second—Any form of contract to treat the members of any lodge or order or their families.

Resolved further, That we recognize the right of contract upon the part of members of this society with firms or corporations, whose sick benefits are limited to the employes of said firms or corporations, or in the case of states, counties or municipalities to the indigent poor; provided, however, that in the case of firms and corporations such contract shall be for a sum that shall not be less, in the aggregate, than that provided for as a minimum charge in the schedule of fees adopted by this society.

After a short discussion of the question, it was decided to hold over the resolutions to the next meeting, when it will be specially discussed and action taken upon the matter.

Urological Association.

The first scientific meeting of the Pacific Coast Branch of the American Urological Association was held on Tuesday, January 16, 1906, at 8:30 P. M., at 705 Sutter street, San Francisco. Dr. M. Krotoszyner in the chair.

The meeting was opened by the chairman with a few remarks on the death of the late Honorary President, Dr. George Chismore. The members rose from their seats to honor the memory of the deceased.

The scientific program of the evening was:

1. Nephro-phone vs. Roentgen Rays in Nephrolithiasis, with demonstration of cases, Dr. G. F. Eaton, San Francisco.

2. The Prognosis in Syphilis, Dr. A. E. Mackay, Portland, Or.

3. A case of Cancer of the Prostate, the Bladder Base and the Left Semi-

Digitized by Google

nal Vesicle; Operation; Recovery; by Dr. Ganville MacGowan, Los Angeles.

4. Intravesical operations with the aid of the cystoscope, Dr. Henry Meyer, San Francisco.

5. A case of Prostato-rectal Fistula, Dr. R. L. Rigdon, San Francisco.

6. The Effect of Uterine Retrodisplacement on the Urinary Bladder, Dr. George Whiteside, Portland, Or.

7. Preliminary report on epididymotomy (65 cases), Dr. Louis Bazet, San Francisco.

All papers were fully discussed and the meeting adjourned in honor of the late Dr. Chismore by a unanimous rising vote.

G. L. EATON,
Secretary Pro Tem.

Drug Addictions.

In the preliminary report of the Committee on Drug Addictions of the Section on Nervous and Mental Diseases of the American Medical Association (Journal A. M. A., March 3), Dr. Smith Ely Jeliffe, the chairman, states that it was not thought best to consider the whole enormous subject of drug habits at this time, but rather to confine the inquiry to the subject of opium addiction. All the committee can do at present is to formulate a series of suggestions concerning lines of fruitful inquiry, and, therefore, they have limited themselves to certain problems that seem at present most promising for solution. The first of these concerns the spread and distribution of the habit, and it is suggested that valuable data may be obtained through the pharmacists of a state or a community, through prison and asylum physicians and through a study of the cures advertised in the public press, etc. The second problem concerns proportion of the various forms of addictions, and the third is that of the etiology, the causes that have led to the habit, the factor of pain, the influence of invironment, the reasons of its prevalence among certain classes , etc. A psychologic study of the euphoria of opium is also desirable. The pharmacology of opium, he states, is in need of further investigation and the suggestion is offered that its further chemical study is not without its possible revelations. The treatment is naturally the topic of greatest interest and this should be considered from the social as well as from the individual point of view. From the personal therapy side, the committee feels that the study of the abstinence symptoms is of great importance, and that its study will certainly afford very fruitful results. The questions of the well known phenomena of tolerance raise that of a possible immunity. Are antibodies formed or does the body take on greater oxidating powers with increasing use of the drug, thus producing the greater tolerance observed? These questions are still undetermined, but their study is offered as a fruitful task for the future.

The advertisement of the Lambert Pharmacal Co., published in another part of this issue of the Medical Sentinel, is artistic, and of local interest. It gives an idea of what the gold medal looks like which they received last summer of the Lewis and Clark Exposition authorities for their exhibit at Portland. This medal was well deserved, and the many friends of the company are glad to see that they were properly recognized.

Digitized by Google

Correspondence

Infant Feeding Simplified.

Editor Medical Sentinel:

Sir: The article which appears on page 11 of the January issue of your valuable journal, on Infant Feeding, by Dr. Marsh, presents the practical side of the subject in a most comprehensive manner. For example, he says that mild cases of rickets are common in Portland, Oregon, and what is true of that section is notably so throughout the country, simply because the proper care of infants is not understood by the medical profession. I quote the following from the article mentioned: "A child with rickets does not necessarily have bow-legs, but it may show itself in bronchitis, extreme nervousness, tendency to convulsions, weak digestion, slow dentition, etc."

An important observation to make in studying the growth of children is the contour of the instep. When you find the hollow of the foot makes a hole in the ground there can be no doubt that failure in the secondary assimilation is responsible, and as concomitant factors we have the nervousness, the weak digestion, slow dentition, a tendency to bowel troubles and as a rule, irritability.

My object in the present communication is to present a simplified method of treatment for the relief of such disorders. Fortunately, the treatment which relieves is also curative, and it may be employed in the most forbidding cases with success, even to the point of arresting the development of so-called rickets.

Another factor to be noted in this connection as an evidence of malassimilation and failure in the appropriation of bone-making material is the inability of children to walk—sometimes there is a constant tendency to fall down without apparent cause. In the latter case, both the physician and parents are surprised at the appearance of infantile paralysis over night. All these untoward effects can be avoided and the child carried through the critical period by the most simple methods—when hand-feeding is demanded, as follows:

Let the physician secure a sample of the milk to be used and have it tested. Here in Philadelphia we can take this sample to the laboratory of the Board of Health and get a report showing the specific gravity, the percentage of butter-fat and also the percentage of solids not fat, and with such information at hand it is a comparatively easy matter to reduce the percentage of butter-fat by the addition of plain water, or lime water if that is considered preferable. In nearly all large cities there are men whose time is given entirely to this work, and they will take a sample of milk, make the tests while you wait, and give you a written report—all for the sum of 10 cents. There is no necessity for establishing a laboratory in the nursery, and as a rule the additions, subtractions and variations recommended for the preparation of milk for bottle-fed babies is not only a nuisance, but the various steps are so complicated that they cannot be carried out by one not skilled in laboratory methods.

The following report of a case will be quite sufficient to illustrate and emphasize the importance of the above comments.

The child, Millie, at birth weighed four pounds, and was seen for the first time when about six weeks old, when it suffered from a severe cold, really a mild attack of grippe. Bottle-feed-

Digitized by Google

Millie, age 18 months; bottle-fed. Weight at birth, 4 pounds; weight at six months, 8 pounds; wieght at eight months, 13 pounds; weight at ten months, 17 pounds.

Digitized by Google

ing was employed from birth, one of the well known infant foods being used. At the age of six months the child weighed only eight pounds, and on August 25, (1904), showed signs of debility, and marasmus was threatened. There was evidence of failure in the appropriation of bone-making material, the fontanelles being open, with more or less bowel trouble. Cow's milk was substituted for the proprietary food and the child gained daily.

Starting with milk containing 3.75 per cent butter-fat, no change was made until four weeks later, when the butter-fat was increased to 4 per cent without notice to the mother. As a consequence, in less than one week bowel troubles developed, there being six to eight stools daily. Instructions were given to resume the original supply and all difficulty with the bowels disappeared as if by magic.

The amount taken at each feeeding when this treatment began was limited to 1½ ounces, that being the child's capacity. It was gradual y increased until at the expiration of two months the child was taking 5½ ounces at each feeding and a quart and a pint during the twenty-four hours. I should add that the child's weight had increased to thirteen pounds at the end of two months, and at the age of ten months the weight was seventeen pounds.

The only medicinal treatment employed in this case was a small tablet, containing calcium dihydrate and nuclein. The appropriation of bone-making material was evident from week to week, and I had occasion to visit the child only three times. The accompanying picture will show the results of treatment, the child being eighteen months of age at the time it was taken.

While this is an illustrative case, it is by no means an isolated one, as other patients have done equally as well, and a number of my medical friends have adopted the same plan with quite as satisfactory results, so that the treatment of infant diseases is no longer shrouded in mystery.

JOHN AULDE, M. D.

Philadelphia, Pa., January 30, 1906.

Rest in Pulmonary Tuberculosis.

J. G. Hilleary, Dubois, Pa. (Journal A. M. A., January 20), pleads for the routine employment of rest in the open air in the treatment of all active or partially arrested cases of pulmonary tuberculosis. Rest, he says, favors the production in the system of agglutinins, bacteriolytic and antitoxic substances, and this accounts for the lowering of temperature and the lessened activity of the bacilli at the site of the local lesion. In his opinion, exercise has no place in the treatment of the disease, and is responsible for the failure to cure nine time out of ten, in otherwise curable cases. The effect of exercise, according to Bernheim, is an active congestion in the neighborhood of the tuberculous focus and often of new tiers of adhesions, mobilization of the bacteria, thoracic pain and sometimes hemorrhage or pneumothorax. It is the great bar to successful treatment in the working classes and should be permitted only under strict necessity. Details of the method followed by the author in the open-air rest treatment are given; it does not, of course, preclude the use of other agencies, such as food, general hygiene and hydrotherapy, in the conduct of the case.

Digitized by Google

Book Reviews

The publishers of the Interstate Medical Journal of St. Louis are justly proud of their January number, which is called the Annual Medical Progress number. It contains 216 pages of original articles, by able writers on Internal Medicine, Surgery, Diagnosis, Therapeutics, Pathology and Bacteriology, Obstetrics and Gynecology, Pediatrics, Orthopedics, Neurology and Psychiatry, Genito-Urinary Surgery, Laryngology and Otology, Dermatology and Syphilis, and Ophthalmology. The readers and students of this issue will certainly be well repaid.

Cushny's Pharmacology. A Text-Book of Pharmacology and Therapeutics: The Action of Drugs in Health and Disease. By Arthur R. Cushny, M. A., M. D., Aberd., Professor of Pharmacology in the University College, London; formerly Professor of Materia Medica and Therapeutics in the University of Michigan. In one handsome octavo volume of 752 pages, with 52 illustrations. Cloth, $3.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1906.

This work was written to supply a want which has been keenly felt in teaching the subject of pharmacology to students who have completed the purely scientific branches of medicine and are beginning their clinical studies. The author has sought to bridge over the hiatus which exists between the phenomena occurring in the normal organism and those which are elicited in the therapeutic use of drugs, to show how far the clinical effects of remedies may be explained by their action on the normal body, and how these may in turn be correlated with physical phenomena. Dr. Cushny gives all that is actually known to date, and the best of what is generally believed regarding the action and value of drugs. Much new matter of great value has been added in this edition, which, of course, has been brought into accord with the last edition of the U. S. Pharmacopia.

A Compend of Medical Chemistry, Inorganic and Organic, Including Urinary Analysis. By Henry Leffman, A. M., M. D., Professor of Chemistry in the Woman's College of Pennsylvania and in the Wagner Free Institute of Science. Fifth edition, revised. Philadelphia: P. Blakiston's Sons & Co. 1905.

The author of this useful little volume justifies the use of the term "Medical Chemistry," which term has been assailed in some quarters, by saying that while the fundamental principles of chemistry are the same to all students, no teacher gets more than a few lessons into the subject till differentiation becomes necessary. The student in engineering does not need, and should not receive the same treatment of the topic that the student of medicine receives. The whole science cannot now be taught to anyone. For a book intended for medical students, it is not only appropriate but advisable that the title should indicate its purpose. This volume is a valuable one in the series of Blakiston's Quiz Compends, and deserves an honored and very useful place in the library of the student.

Culbreth's Materia Medica. A Manual of Materia Medica and Pharmacology for Students and Practitioners of Medicine and Pharmacy. Comprising all Organic and Inorganic

Digitized by Google

Drugs which are and have been official in the United States Pharmacopoeia, together with important Allied Species and Useful Synthetics. By David M. R. Culbreth, Ph. G., M. D., Professor of Botany, Materia Medica and Pharmacology in the University of Maryland, Departments of Medicine, Pharmacy and Dentistry. Fourth edition. Revised to accord with the new U. S. Pharmacopoeia, Eighth Decennial Revision. Octavo, 976 pages, 487 illustrations. Cloth, $4.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1906.

This is a work of great and important detail, and the new edition is well abreast of the latest knowledge. The author was engaged in the retail drug business for twenty years, and knowing the every-day problems of the pharmacist, he lays full stress upon the needs, small and great, of the drug counter. This insures practicality and the utmost utility. The volume opens with a general discussion of Materia Medica and the Physiological Action of Drugs, taking up the forms in which medicine may be used, the avenues through which they enter the human system, the means by which they are transmitted through and eliminated from the system, and conditions which may modify their action and dosage. Much of the volume is taken up with a clear, comprehensive covering of Organic Drugs from the Vegetable Kingdom; Organic Drugs from the Animal Kingdom; Inorganic Drugs from the Mineral Kingdom; Organic Carbon Compounds and Synthetics, including both official and non-official. An unusually full index renders instant reference to any subject easy, and completes a work which stands without an equal in its field for practical value and authoritative statements.

Lectures on Tropical Diseases, being the Lane Lectures for 1905, delivered at Cooper Medical College, San Francisco, August, 1905, by Sir Patrick Manson, K. C. M. G., M. D., L.L. D. (Aberdeen), F. R. C. P. (London), Lecturer London School of Tropical Medicine, St. George's Hospital Medical School, etc. Chicago: W. T. Keener & Co. Price, $2.50, net.

Sir Patrick Manson stands in the front rank of authorities on the subject of Tropical Medicine, he having made it his exclusive study for many years. It was very appropriate that these lectures should have been delivered on the Pacific Coast, for this is the jumping off place, and to a certain extent the dumping place for those who are liable to be affected by tropical diseases. The learned lecturer starts out in a very practical way, to describe the general principles which determine the occurrence of diseases special to the tropics, and which are responsible for the peculiar distribution of tropical diseases. He then describes some of the more recent advances in tropical pathology; then he takes up in a practical way the subject of those tropical diseases which the profession on the Pacific Coast are most likely to encounter in patients from abroad. Then he speaks in a comprehensive way about the diagnosis of these diseases, and finally deals with their treatment. The volume is of great value, especially to those who are likely to be thrown into contact with diseases peculiar to the tropics.

Digitized by Google

Personal

Oregon.

Dr. J. H. Fell is back to work again at John Day.

Dr. W. O. Manion was a visitor in Albany last month.

Dr. J. W. Ransom, of Turner, was a recent visitor at Salem.

Dr. W. H. Davis, of Albany, was a Scio visitor last month.

Dr. E. B. McDaniels, of Baker City, was at La Grande last month.

Dr. A. G. Prill, of Scio, was a caller at Marion early in February.

Dr. J. C. Booth, of Lebanon, was a visitor last month in Albany.

Dr. C. H. Francis, of Haines, was a visitor last month at Baker City.

Dr. W. B. Morse, of Salem, was called recently to the agency at Siletz.

Dr. Chas. Hines, of Forest Grove, had a fine visit in Southern California.

Dr. W. G. Cole, of Pendleton, was in Grangeville last month on a business trip.

Dr. Thomas Parker, formerly of Portland, is now located at Klamath Falls.

Dr. J. P. Wallace, of Albany, was a Cottage Grove visitor early last month.

Dr. T. C. Mackey, who recently located at Toledo, has moved to Portland.

Dr. R. C. Coffey, of Portland, was at The Dalles last month on professional business.

Dr. and Mrs. F. W. Vincent, of Pendleton, called on their Portland friends last month.

Dr. W. P. Chisholm, of Gold Hill, came near having a serious runaway accident lately.

Dr. and Mrs. C. H. Brewer, of Stayton, have just returned from their honeymoon trip.

Dr. Eugene Du Gas, of Roseburg, has returned from Seaside, much improved in health.

Dr. O. B. Estes, of Astoria, has been fitting up his office with a new electrical apparatus.

Dr. D. G. Clark and wife, of Silverton, had a narrow escape in a runaway last month.

Dr. and Mrs. W. A. Cusick, of Salem, visited friends last month in Albany for a couple of days.

Dr. J. W. Robinson, of Jacksonville, attended the pension board meeting at Medford last month.

Dr. W. H. Ewin, of Union, has just returned from taking a post-graduate course at Philadelphia.

Dr. T. I. Marks, of Halsey, attended the meeting of the pension examiners at Albany last month.

Dr. F. W. Prentice, of Eugene, has been appointed City Physician for a term of three months.

Dr. Ray Matson has resigned as Health Officer of Portland, and Dr. W.

Digitized by Google

V. Spencer has been appointed in his place.

Dr. J. L. Hill, of Albany, visited Scio last month, spending some time with Dr. and Mrs. Prill.

Drs. Biggers, of La Grande, have dissolved partnership, Dr. G. W. Biggers retiring from the firm.

Dr. E. Du Gas, of Roseburg, has rented a cottage at Seaside, and proposes to stay there till he feels better.

Dr. and Mrs. McCorkle, of Portland, were the victims of sneak thieves a month ago. They lost jewelry worth $500.

Dr. D. A. Paine, after a trip through California, and a short visit in Portland, has returned to his practice in Eugene.

Dr. and Mrs. W. A. Trimble, of Albany, were among the visitors to Portland while the English opera was being given.

Dr. T. N. Snow, of Baker City, was reported as being very ill last month. The doctor is a pioneer physician of that region.

Dr. Dedman, of Canby, has been appointed a member of the Board of U. S. Pension Examiners, succeeding Dr. J. J. Leavitt, of Molalla.

Dr. J. W. Norris, of Oregon City, has been appointed Health Officer for that part of Clackamas County lying outside incorporated cities.

Dr. J. F. Calbreath, of Salem, was a Portland visitor last month, and while here he made some real estate investments on the East Side.

Dr. J. O. Van Winkle, a native of Linn County, has opened an office in Brownsville. He was recently licensed to practice by the State Board.

Dr. W. G. Cole, of Pendleton, is dipping into politics. He wants to be the republican senator in the next state legislature for the counties of Umatilla, Morrow and Union.

Dr. O. B. Estes and Mrs. Estes, of Astoria, went the round of the Sound cities last month, and were delighted with the energy displayed at Tacoma and Seattle in building up their cities.

Dr. F. P. Kistner, of Heppner, has been appointed a member of the National Auxiliary Congressional Committee of the A. M. A. for Morrow County.

Dr. C. H. Newth, of Philomath, has gone to New York and London to do post-graduate work. He will return by way of Boston, and take in the A. M. A. meeting. Mrs. Newth accompanies the doctor.

Dr. Francis H. McKeon, Assistant Surgeon of the Marine Hospital Service is in Astoria, in charge of the local quarantine service during the absence of Dr. Earle, who has gone on a four months' vacation.

Dr. E. V. Hoover, of Roseburg, is now mayor of his town, and he likes the office so well that he has decided to try to get the nomination for sheriff of Douglas County at the primaries. The doctor is a democrat.

Dr. F. E. Beauchamp, of Richland, met with a serious accident last month, and his friends are congratulating him that he did not lose his eyesight. In haste, while handling some medicines, nitric and carbolic acids were thrown into his face.

Digitized by Google

Washington.

Dr. M. Harrison, of Seattle, has gone to Alaska.

Dr. L. J. Coberly is talking of erecting a hospital at Garfield.

Dr. L. W. Paul, of Denver, is figuring on locating at Walla Walla.

Dr. J. W. Ingram, of Walla Walla, has resigned as City Health Officer.

Dr. Thos. Steagall, late of Oklahoma, has located at Ellensburg.

Dr. J. F. Hall, of Albion, had a narrow escape in a runaway last month.

Dr. Geo. V. Calhoun, of Seattle, paid a recent visit to old friends at La Conner.

Dr. and Mrs. Frazee, of Sedro Woolley, attended the opera at Bellingham last month.

Dr. Edward Maguire, of Pullman, had a runaway recently, and was badly bruised.

Dr. C. W. Bales, of Kelso, is working hard to get the physicians of Cowlitz County organized.

Dr. H. B. Clough, late of Newberg, Ore., has located at Sultan, Wash., and is doing a good business.

Dr. J. W. Mowell, of Olympia, was accidentally shot at Nisqually last month, but he is recovering from the accident.

Dr. and Mrs. S. S. Johnson, of Seattle, have recently returned from Walla Walla, where they went on a visit to the doctor's father.

Dr. Nagler has returned to North Yakima, and has opened an office there. The doctor has recently taken a post graduate course in Vienna.

Dr. W. James Howells, late superintendent of the Eastern Hospital for the Insane, has returned to general practice, and has opened an office in Spokane.

Dr. Thos. W. Musgrove, of Sultan, Wash., is taking an active part in county and municipal affairs. His health has greatly improved since locating at Sultan, and his practice is growing nicely.

Idaho.

Dr. Ed E. Maxey, of Boise, was a visitor last month in Caldwell.

Dr. F. W. Smith, of Mountain Home, has moved to Boise, where he has opened offices.

The residence of Dr. T. W. Nickel, of Grangeville, was recently burned to the ground.

Dr. Joseph Aspray has opened offices in Moscow, where he has been connected with the Gritman hospital for some time.

Dr. O. F. Page, of Sand Point, is talking of erecting a hospital at that place. Plans have already been drawn for the building.

Montana.

Drs. Kelsker and Ferris have located in Butte.

Drs. Pitkanen and Makkyla, late of Red Lodge, have located in Butte.

Dr. T. J. Murray, of Butte, has returned from a short visit in New York.

Dr. Jas. L. Jones died February 25th in Wisdom, Mont. Dr. Jones was for many years located in Dillon, leaving there but a few months ago.

Digitized by Google

OBITUARY.

The death is announced at Dallas, Ore., of Dr. Laird N. Woods, a prominent physician of Polk County. Dr. Woods was born in Greenville, Pa., October 10, 1835. He came to Oregon 23 years ago and located in Dallas. He is survived by a widow and five children.

The death is announced, on March 6th, at Baker City, of Dr. T. N. Snow, at the age of 72 years. Dr. Snow was a pioneer of Baker County, having gone there in 1862. In 1876 he graduated from the Medical College of the Pacific, as it was then called, but which later became the Cooper Medical College of San Francisco. For nearly twenty years he was coroner of Baker County; for 15 years surgeon of the O. R. & N., and surgeon for the Sumpter Valley railroad for ten years. He leaves a son, Jesse, who is deputy sheriff of his county. Dr. Snow's wife died four years ago.

Dr. G. W. McConnell.

It is with great regret that the death is announced of Dr. Geo. W. McConnell, formerly of Baker City, but later of Ashland. He died on the 22nd ult. from hemorrhage of the stomach. A few days before, he suffered from a slight recurrence of an attack of hemorrhage which he had when in Baker City, but his illness was not considered serious until the 22nd, when he rapidly grew worse, and died in the afternoon of that day.

Dr. McConnell was born at Greensburg, Ind., in 1849; was graduated from the Cincinnati Medical College in 1875, and was married in 1876. In 1885 he went to Nebraska, and in 1892 to Newberg, Oregon, and thence to Baker City, where he lived until last September, when he moved to Ashland. He leaves a widow and three children. Dr. McConnell was highly respected wherever known.

On February 19th, Dr. J. E. Bingham, of Walla Walla, died of acute Bright's disease. The doctor was one of the oldest physicians in that section of the state, and stood very high in the profession. He was born in 1846 at Williamsport, Penn., and graduated in medicine in 1868. He came to the Pacific coast in 1870, serving four years in the United States Marine Service. In 1874 he went to Walla Walla, and continued to practice there till the beginning of the Nez Perce campaign, which he entered, serving as surgeon till its close. For many years he was division surgeon of the O. R. & N. Co. In accordance with his request, his remains were brought to Portland and cremated. The Walla Walla Medical Society held a meeting, and passed resolutions of sympathy. The resolutions set forth that Dr. Bingham was the first president of the society; "that he was respected alike for his high attainments and kindly character, as well as for his professional courtesy and unfailing observation of the ethics of the profession of which he was an honored member for so many years." The doctor leaves a widow, a son and an aged mother to mourn his loss.

Dr. Currin D. Osburn died at Wilsonville, Ore., on the 19th ult. Dr. Osburn was born in Eugene 46 years ago, and has resided in the state all his life. He was a graduate of the University of Oregon, and of the Jefferson Medical College of the class of 1886. He practiced medicine and ran a drug store in Portland several years, removing to Wilsonville five years ago. He leaves a widow.

Digitized by Google

MEDICAL SENTINEL

APRIL
1906

Volume XIV **Number 4**

Notes

The Tacoma people are talking seriously about going to Green River for water. It is claimed that no better water supply for the city is obtainable.

The citizens and physicians of Eugene are to be commended for the earnest and efficient manner in which they handled the late epidemic of scarlet fever.

Our neighbors in Washington are continuing the good work of making the life a strenuous one, of those practitioners who have not complied with the medical laws of the state.

A wise streak of economy in Idaho official circles has resulted in a good deal of work being done towards the erection of a new insane asylum building at Oro Fino by a number of the inmates.

The Oregon State Medical Society will hold its annual meeting at Portland on May 15th and 16th. Arrangements are being made by the Portland City and County Medical Society to entertain the visitors.

The Seattle Star is coming to the aid of the public against quack preparations. It says that "many so-called medicines kill more persons every year than the snakes of India, and destroy the health of thousands."

The annual meeting of the State Medical Society of California will be

Digitized by Google

held at San Francisco during the week beginning with Tuesday, April 17th. A splendid program has been arranged for, and those who attend will be well repaid for the time.

The physician at the state penitentiary at Walla Walla will hereafter be required to act also as steward. This move is taken to effect a reduction of expenses. It is not likely to inure to the benefit of the inmates who require medical care.

The Seattle Health Department is getting after the Chinese laundries of the city, which it is claimed are conducted on very unsanitary lines. This condition prevails in Chinese laundries almost everywhere, unless the local authorities are after them at all times.

The new sanatorium for consumptives in British Columbia is promised by the coming summer. The provincial government is willing to contribute to the support of the institution. This example of our northerly neighbors should be followed by the legislatures of various states of the Union.

In an address at Whitman College at Walla Walla, a few days ago, Dr. C. N. Sutter, of the McGill University of Montreal, advanced the novel theory that "the time is coming when lady patients will be treated by lady physicians, and the men by men." The report does not show how this theory was received.

The physicians whose duty it was to make an examination of the conditions at Eugene, have severally scored the authorities for permitting filthy water to flow through the city mains. The report is a drastic one, and it is not likely that the bad sanitary conditions which have prevailed there will ever exist again.

The Portland City and County Medical Society is making an effort to increase its membership, and a committee consisting of Drs. Coe, Mackenzie, Dickson, A. C. Smith and Tucker, is now at work to that end. The committee will invite all eligible physicians that it knows of to make application for membership, and it is believed that all the physicians to whom it extends invitations will pass the council, and be elected without difficulty.

Digitized by Google

The recent death on a west-bound train of a man who was journeying from Michigan to the Open Air Sanatorium at Milwaukie, illustrates the folly of the idea that patients in an advanced stage of consumption can with profit to themselves enter a sanatorium. This matter is discussed by Dr. E. A. Pierce in a paper published in this issue of the Medical Sentinel, and the newspapers of Portland have recently called attention to the fact that such sanatoriums are for those who are in the first stages of the disease, rather than for those who have tried everything else, and think of the open air treatment as a last resort.

The meeting on the 27th of March, at Lewiston, of the North Idaho Medical Society, was a very successful one . Dr. R. L. Gillespie, of Portland, and Dr. C. B. Thomas, of Spokane, were visitors at the meeting, and both read interesting papers. The next meeting of the Society will be held at Coeur d'Alene on the 19th of June. The paper by Dr. Thomas was on "Surgical Diseases of the Stomach," and that by Dr. Gillespie was on "Differentiation of Organic from other Nervous Diseases." The discussions were very valuable. Members present: Drs. J. N. Allen, Lapwai; J. B. Morris, Lewiston; J. M. Lyle, Peck; C. W. Shoff, Lewiston; C. C. Phillips, Lewiston; C. R. Thomas, Spokane; C. L. Gritman, Moscow; F. P. Nourse, Lewiston; F. L. Hinkly, Lewiston; J. F. Hurlburt, Lewiston; T. J. Costello, Lewiston; E. F. Conyngham, Lewiston, J. J. Herrington, Gifford. Visitors: Drs. R. L. Gillespie, Portland, Or.; I. U. Temple, Clarkston; L. J. Perkins, Lewiston; E. A Todd, Lewiston; Susan E. Bruce, Lewiston; P. W. Johnson, Clarkston.

Following is an extract from an article in a Baker City newspaper regarding the late Dr. T. N. Snow—a eulogy which must be gratifying to the doctor's many friends: "During forty years he administered to rich and poor alike, ever attentive and prompt to the call of the sick and injured, no matter in what condition of life, taking no account of distance or hardships to be endured to reach the bedside of the afflicted. His life was an eventful one and his experiences of forty years in Oregon, a part of which time was before the advent of the railroad and when the country was not so populous as now, would fill a book of rare adventure and will not fall to the lot of another of his profession. Infants brought into the world by his scientific ministrations have grown to sturdy manhood and attended the aged physicians' last obsequies. Hundreds of people saved from an almost fatal illness by his careful attendance will recall the tenderness of his heart and his faithful discharge of duty. Many of these were in hearing of Rev. Bell's words as he pronounced the last sad rites over the mortal remains of the departed. In his passing, Dr. Snow has left behind a monument of work nobly and heroically done and the remembrance of his many kind acts will endure as long as those who were the recipients of his gracious acts survive."

Digitized by Google

Editorial Notes

Wrongfully Charged.—It is much to be regretted that so influential a newspaper as the Portland Telegram should so misrepresent the fact as to state that "medical science is making strenuous effort to convince the modern world that mercy and murder are one and inseparable where a human being is reduced to that degree of physical suffering usually termed incurable; or where children are born into the world hideously deformed or as idiots." This sentence is badly involved, but it is clear enough to see that "Medical Science" is credited with a fault of which it is absolutely free. If there is one thing that ninety-five per cent. of the physicians of the nation are agreed upon, it is that the proposed killing of unfit human beings, and those suffering from incurable diseases, is a horrible doctrine, for which there is no excuse and no warrant. The physicians of the land are practically united on the question that their mission is to save life; to aid in making life worth the living, and under no circumstances to take it. The medical journals of this country are unanimous in their opposition to the laws that have been introduced in various states by cranky personages, making the taking of life by physicians, in certain cases, lawful. The subject is one so thoroughly in opposition to the tenets of the medical profession that it is not even discussed in medical societies. No discussion can be had where the sentiment is all one way, and that is the case with regard to euthanasia. The newspapers, when they have nothing else of greater interest to write about, do well to touch on the heinousness of the proposition to kill the maim, the halt and the blind, but they should not ascribe to the representatives of the medical profession sentiments which they most strenuously oppose.

Shall Dr. McCormack Come Again? In the discussion which has been carried on regarding Dr. McCormack's visit to this state, the doctor publishes an alleged letter received by him from "one of the most prominent young physicians" of Oregon, whose name we are not favored with; and this "younger physician" urges that Dr. McCormack will soon come back again. He believes that his influence on "those that are stubborn," to say nothing of its effect on "those who are striving," will be of value. Much as we all admire the genial Kentucky doctor, let us hope that the next time he will come incognito—the way European royalty frequently travels. It might be well for him this time not to don the Poultney Bigelow habit, who wrote up all about the Isthmus of Panama after a full twenty-eight hours' visit. But he can come just as a plain, everyday man, whose smiling countenance is a joy forever to those who have had the pleasure of basking therein. His official position as traveling correspondent for the A. M. A. Journal is not regarded in these parts as being at all in keeping with the doctor's social manner. The reason the doctor should travel incognito is because there seem to be a number of anonymous members of the local society who regard it as being the proper thing to say unkind and untrue things about their fellow members—if Dr. McCormack is to be believed—and nobody would claim that he would wilfully misrepresent the facts. It is well for the peace of mind of the profession that these anonymous members should not know when he is coming.

Digitized by Google

Medical Legislation in Washington. The Medical Sentinel is very much gratified at the assurance, contained in the editorial columns of the Northwest Medicine, that the differences between the profession in Seattle and one of the newspapers there is a mere tempest in a teapot, and that there is very little to it. When the Medical Sentinel expressed the fear that the cause of medical legislation had been set back by the squabble, it did so realizing the difficulty that exists in a state legislature in securing the passage of such laws as are needful for the protection of the public against quackery, even under favorable conditions. Even when the newspapers are not unfriendly; even when they are disposed to assist in the good work, even then with a legislature made up of so many miscellaneous elements, taken from the body of the state, medical laws are apt to be regarded as measures of graft, and are too often looked at askance, as being against public policy. Much more, where a noisy and vigorous newspaper is found constantly pounding away in the interest of quackery, it is difficult to awaken to a realization of the facts, the legislators whose business it is to legislate for all the people. It is gratifying that the Northwest Medicine is able to report that the King County Medical Society "is an harmonious organization, free from internal dissensions, and devoted in a large measure to the work of medical progress." It is more than ever a fact today that to secure this progress does not mean merely regular and interesting and valuable meetings, where excellent papers are read and discussed. It also means the securing of such legislation as tends to the suppression of quackery; the curtailment of the sale in the community of harmful patent medicines; and in the securing of such needful and beneficial laws, the antagonism of a newspaper, even though it be "yellow," is always a drawback. We are glad that the physicians on the ground do not regard it as being by any means a serious obstacle.

The Drug Store.—The drug store is regarded as being a necessity of the age, but there is frequently friction between it and the physician. The physician who compounds his own drugs, and runs his own prescription counter, is not liked by the druggist. The druggist who feels that his prerogatives are being overridden by such a doctor, immediately sends an advertisement to the Medical Sentinel Exchange Bureau, setting forth the advantages that exist in a promising and growing town, for an up-to-date physician. On the other hand, there is a side to the physician's case. He finds, perhaps, that the drug store down the street has a stock composed mostly of fraudulent patent medicines; he questions most seriously the quality of the drugs that his prescriptions call for. The proprietor of the drug store is incapable; or, if capable, is inattentive to business, and his clerk is even less reliable. He has watched with grave suspense many times, the effect of prescriptions upon his patients, and he feels that they are not getting the benefit from medicines called for that they should.

This is the situation very often in small country towns, and the physician who cares for his patients as a physician should, asks if he is not justified in filling his own prescriptions. In a large city the difficulty here spoken of does not exist. There may be poor drugstores here, which pay more attention to their patent medicine and cigar trade than to prescriptions. But there are other drug

Digitized by Google

stores, where the clerks are thoroughly competent, and where exactly the quality of drugs called for are used in the filling of the prescriptions.

The struggle is on in many localities within the territory of the Medical Sentinel, and we gather from our exchanges that it is not at all peculiar to the Western states.

Contract Practice.—The following resolutions passed by the King County Medical Society, at Seattle, are interesting as a contribution to the discussion of contract practice on the Pacific slope:

"Whereas, It has been shown by the committee on contract practice and lodge work that there are a large number of people in Seattle and its environs who are receiving medical attention for from 5 cents to 15 cents per month, most of whom are able to pay a physician a reasonable fee for his services; and,

"Whereas, It is impossible for a physician accepting such fees to give the proper care and attention for any such nominal pay, having a tendency rather to make a physician careless and neglectful in his work and not allowing him that time for the study of his profession which is necessary to keep abreast of the times; and,

"Whereas, It is a discrimination in rates between people in the same walks of life and is pursuing an unfair method of competition which no form of labor or any other profession is willing to countenance in this country; and,

"Whereas, It is the sense of the King County Medical Society that contract practice and lodge work, as now performed in this county, is detrimental, degrading and humiliating to the medical profession and that we are averse to the exploitation of the medical profession for the benefit of any corporation, lodge or society.

"Be it Resolved, That on and after January 1, 1907, no member of this Society accept any such cut rate positions; that any corporation or railroad contract, society or lodge work which does not approximately meet physicians' ordinary minimum charges of our fee bill, if one be adopted, be considered unfair and be not accepted by any member of our Society; and, be it

"Resolved, That any physician, whether he may be a member of this society or not, who takes any such degrading positions, will be considered by the rest of the profession as a man who is working against the best interests of the medical profession as a whole; that he is willing to take an unjust and unfair advantage of his fellow practitioners; that he is taking work for a fee for which he cannot give adequate and true service, or that, on the other hand, he is honest in regard to this work and knowing that his knowledge and capacity are so slight, is willing to work for 10 cents on the dollar, realizing that his services are not worth any more than that amount."

Medical Legislation.—It is no use for promoters of medical legislation to pass laws that are clearly unconstitutional, just because they have the power to do so. Recent experiences in California have very clearly demonstrated this fact, and an example of legislative folly has just been shown in the Calhoun case. It may be that the merits of the case were with the medical board, and that Calhoun should be disqualified from practicing. But the method adopted by the board was promptly declared by the Supreme Court as being contrary to the fundamental law of the state, which provides that a state can-

Digitized by Google

not deprive a person of his property without due process of law. The weak point in the law was the clause wherein it is provided that "the accused party at the time he presents his answer for filing, shall deposit with the Secretary his certificate, and unless he do so the Secretary must not file his answer, and default shall thereupon be entered against him, and the certificate revoked if the charges on their face be deemed sufficient by the Board."

In this case, the defendant refused to file his certificate with the Secretary; his defense was not heard, and judgment was taken against him by default. This, the courts held, could not be done, even if the law did so provide.

The Army Medical Bill.—The ways of some people are past finding out, as was the case in the days of Solomon. Here is Senator Hale of Maine opposing with all his force the army medical reorganization bill, which seems to meet the approval of about everybody else. The senate passed the bill at once, but the Maine senator was not in his place, and he demanded that the bill be reconsidered. Senatorial courtesy prevailed, and it was reconsidered, and at this writing the bill is awaiting his good pleasure. Nobody can quite understand Senator Hale. The Army and Navy Journal says that "ever since the anxious days immediately preceding the outbreak of the Spanish war, he has maintained an attitude of obstruction toward nearly every important measure relating to the national defenses." The senator defends the present contract surgeon system, although so far he seems to be alone in his defense. The medical men of the country, and the medical journals, manifest a marked unanimity on this subject. They want the proposed army bill to pass. Nobody can believe for a moment that personal or professional aggrandisement has any place in this desire. The vexation and ignominy that everybody felt in our late war with Spain, at witnessing the sickness and death of our soldiers, much of which was preventible, were shared in by the medical men of the country. They have supported a practical measure which has been suggested, to prevent any such wholesale disaster in the future. Everybody—President, Secretary of War, the general staff and the press of the country, support the measure. We confidently expect that notwithstanding the opposition it has met, it will become a law in due course. Doubtless Senator Hale is thoroughly conscientious in his opposition. He is a man with a record that is by no means an unenviable one. He is more or less a watchdog of the treasury. But the medical profession and a great many other people have come to believe that a poor place to practice economy is at a place where the health of the nation's defenders is at stake. It will not do for the friends of this measure to halt in their efforts to secure its passage. It is bound to come, although it certainly seems to move along at an unconscionably slow rate. But more pressure is needed behind it—the pressure of those who have shed tears over the graves of those who have needlessly suffered and died, and who sleep their long sleep in soldier's graves—dead from disease and not the fire of the enemy.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

INCONSISTENT "REFORMERS"

The medical journals which have started out to reform the profession, before they have really reformed their own columns, are causing wonderment to many of their readers. They publish articles from the facile pen of Dr. Billings, his imitators and co-workers, and in the paid department of their journals will be long references of a flattering nature to medicines which certainly come under his ban. Our neighbor in California, Dr. Jones, has advertisements in his journal which are tweedle-dee to the tweedle-dum advertisements of a contemporary with which he finds much fault. The A. M. A. J. is a flagrant violator of the principles which it has adopted as its own, at the apparent behest of Dr. Billings. The Doctor has enlisted for the fray, and he claims, practically, that the manufacturing pharmacists who are putting out any special mixtures, are engaged in as objectionable a business as are the makers of Peruna and King's Discovery. All should be let severely alone by the doctors, and while this is being said, there is not a journal but takes advertisements of preparations which he denounces.

These manufacturing pharmacists have a defender in Dr. Joseph W. England in the Monthly Cyclopedia of Practical Medicine. He insists that it is unfair to declare that they market "specific mixtures for special symptoms," and contends that what they really do is to market special mixtures for specific or pathologic conditions. Dr. England contends that many lives would have been saved if Dr. Murphy had patented his button. He worked out the problem of that button; he adjusted the spring to the right tension, so that when placed in position it produced sufficient pressure on the opposite edges of the peritoneum to cause pressure-atrophy, but without cutting through the tissues and causing necrosis. The button has been copied by instrument makers who, observing that the two halves of the button were connected by a spring, simply used one about the same strength and size, with the result that many imperfect buttons have been, and are, upon the market. And the Murphy button is a type.

Digitized by Google

The physician must weigh for himself the merits of the different preparations and inventions that are offered to him. Many conservative practitioners believe that certain preparations which are very strongly condemned by the ultra reformers of today, have accomplished good results in their practice. For this reason they prescribe them. They do not tell the patient to go and buy a bottle of the preparation in question off a druggist's shelf, for in his ignorance the patient might continue to take it after the necessity for it had gone by, and harmful results would follow. The mission of the physician is to heal and prevent disease. He will continue to prescribe certain proprietary articles that he has proved to be of value in certain diseases, if even week after week the reading columns of an interesting medical journal denounce such course. He will, if the denunciation make any impression, appeal from Philip drunk in the reading columns, to Philip sober in the advertising department. While doing this, he will not extend his sympathy to the wholesale denunciation which is going on, of these independent medical journals which still continue to advertise proprietary preparations sold on an ethical basis, and which many physicians find useful in their practice. We may say, finally, that these independent journals have not so far imitated the "reformers" so-called, by denouncing in one column what they take pay for inserting in another.

DOCTORS IN POLITICS

There is a very general feeling abroad, extending even to the members of the medical profession, that doctors should not take a hand in politics. There is a disposition in some exclusive quarters to look askance at doctors who are in politics even to the slightest degree. And yet at the meetings of medical societies the subject is freely discussed of legislation that is needed to protect the health of the public, and to protect quacks from flourishing. Pure food laws are needed; efficient county and state health boards; and many other things that should be passed upon by the state legislatures. Congress is criticised for its backwardness in enacting laws covering health matters that cannot be covered by the state law makers. The question is naturally asked—how can the members of the state and national legislatures do their duty unless they are informed as to where their duty lies, in regard to matters of such vital importance to the public well being? Who can so well inform them as the physicians whose daily duties take them where they have placed before their eyes the baneful effects of present conditions?

The Portland physicians are not as disposed to be afraid of politics as are those in some other parts of the country. There is a vein of stern practicality running through the profession here, which enables it to see the necessity that exists for the physicians occasionally lending a hand at the laboring oar in political matters. Some months ago the local society appointed a committee whose business it was to see that there was proper attention paid, before the primaries and before

Digitized by Google

the general election, to medical politics. After the election, when members of the legislature are elected, is a poor time to first call attention to the vital interest of the public in such matters. It is all very well to attend the state capitol during the session of the august legislature and point out to the members what is needed. It is a very comfortable and easy theory, that the wise men who have been elected by the people, will immediately busy themselves to enact such laws as are pointed out to them as being for the public welfare. But a more practical course is to see the members before they are elected; to get promises from them as to what they will do; to seek to defeat at the polls men who before election appear to be so ignorant or so indifferent, that they are unable or unwilling to take an intelligent interest in the subject of the public health. A sprinkling of doctors should be sent to the legislature who will make it their business to lead and direct legislative opinion in the right course. Doctors who will do this should be encouraged to run for legislative office, for the sake of the good they can accomplish.

The physician who will forsake his practice long enough to make the necessary canvass, and after election will give his time to the duties of a legislator, and take therefor the pittance allowed by the state, is a public benefactor, and is deserving of the congratulations and the assistance of his brother physicians. It is true that some doctors like the honor that comes with legislative duties, and they get their pay in the recognition of their efficiency, by their neighbors. But with all this, they are to be sincerely applauded for their public spirit, for it is a sacrifice of no mean character, to engage in the struggle for honors that are, after all, rather empty.

There are indications, at this writing, that the forthcoming legislature of the state of Oregon will have a good sprinkling of doctors, who will, by their experience and force, be able to accomplish considerable good. Many lay members, too, will have been interviewed before election, and acquainted with the needs of the public along sanitary lines. There is much legislation needed. There should be assistance for an open air sanatorium for tuberculosis; there should be a good pure food law enacted; the medical laws should be strengthened, so as to shut out the worst forms of quackery; patent medicine manufacturers, and dealers in such medicines, should be punished for putting out concoctions without a formula, showing the public in clear language what the contents are of the stuff that they are taking. Perhaps there should be reciprocity among the states on the Pacific coast—say Oregon, California, Washington, Idaho, Montana, and the Dakotas, Utah and Wyoming. Many other measures may be suggested which are worth consideration, and some of which should find a place on the statute books.

It might be well for individual members of the profession to make it their business before election, to see the various candidates, ascertain their views on the measures that have been suggested, and secure promises from them as to their course if they are elected. Before election is the time to secure attention and promises. All ante-election promises are not kept when the roll is called, but many of them are.

Digitized by Google

RETRODISPLACEMENTS OF THE UTERUS

By MARIE D. EQUI, M. D.

Read before the Portland City and County Medical Society, March 7, 1906

Normally the uterus is a freely movable organ, situated at, or a little above the level of the pelvis, and held in place by eight ligaments: the vesico-uterine in front; the sacro-uterine in back; the broad and round ligaments at each side.

It moves freely backward and forward, but its movements laterally and up and down are somewhat more limited.

These so-called ligaments have not the anatomical structure of ordinary ligaments, but, with the exception of the round ligaments, which are mostly muscular, are formed by folds of peritoneum, including some connective tissue, blood vessels, lymphatics, and a small amount of unstriped muscle tissue, prolonged from the uterus.

The round ligaments of themselves are an insignificant force, but they hold the uterus far enough forward to allow the intra-abdominal pressure to be directed upon its posterior surface, and thus hold it forward.

In its normal position, the uterus rests forward on the bladder in slight anteflexion, the fundus a little above the brim of the pelvis and rather more to the right than the left side.

If the rectum and bladder are empty, the uterus forms almost a right angle with the vagina, the cervix directed towards the last sacral vertebrae.

Being a movable organ, there are frequent physiological changes in this position of the uterus, but when the position is permanently altered, the change is pathological.

Retrodisplacements, which occur more frequently than any other form of uterine displacements, may be divided into retro-position or retro-location, retro-version and retro-flexion.

In retro-position the uterus lies somewhat posterior to its usual site, although its relative position is otherwise changed. This may be merely a developmental anomaly and of anatomical interest only, or it may be the result of pressure from tumors or inflammatory exudate.

Retro-version and retro-flexion usualy coexist and arise from similar causes. They may originate simultaneously, or one may induce the other. Some degree of prolapse usually accompanies them.

In the condition known as retro-version the uterus is turned upon its transverse axis; the fundus tilts back and the cervix forward, but the normal curve of the uterine canal remains unchanged.

Retro-flexion consists of a bending of the uterus backward upon itself, changing the curve of the uterine canal. It may vary in extent

Digitized by Google

from an angle very little less than 180 degrees to less than 90 degrees.

Retroversion is progressive and for convenience of clinical description, three degrees are recognized:

The first, in which the fundus is directed upward, approximately towards the promontory of the sacrum.

The second, in which the uterus lies transversely across the pelvis, fundus and cervix at the same level.

The third degree is one of extreme retro-version, with the fundus below the level of the cervix.

Etiology.—Both retro-version and retro-flexion may be congenital. Cases of extreme retro-flexion have been found in newly-born infants, due probably to arrested development.

Other important features in the etiology are:

1. Habitual constipation and over-distension of the bladder. The distended rectum drags on the posterior wall of the vagina and consequently on the cervix; and the over-distended bladder pushes the fundus upward, allowing the intra-abdominal pressure to fall on its anterior surface and force it backward.

2. Inflammatory changes in the uterus, increasing its weight and causing a consequent relaxation of its ligaments.

3. Inflammation of the cellular tissue and structures around the uterus, the exudate first displacing the uterus, then, by contraction, pulling it in the opposite direction.

4. An abnormally roomy pelvis, in which the pelvic organs do not lie in close apposition, and there is lack of mutual support.

5. Improper methods of dressing, particularly wearing tight corsets and heavy skirts suspended from the waist.

6. Occupations which require hours of continuous standing, or sitting at a bench or table with the body forward, particularly if an incorrect posture is maintained. In the erect posture the line of gravity falls on the symphysis pubis; if the pelvis is tilted too far back, it strikes about the center of the plane of the pelvic inlet, and the weight of the abdominal contents presses against the organs of the pelvis. The correct angle of the pelvic brim is 55 degrees to the horizontal plane, the symphysis pubis about 4 inches lower than the promontory of the sacrum.

7. Impaired general health acts locally by causing a loss of the pelvic fat, which aids, to some extent, in supporting the uterus; the ligaments lose their tone and elasticity; and the general muscular weakness affects the supporting muscles of the abdominal wall and pelvic floor.

8. The most frequent cause of both retro-version and retro-flexion is parturition—or, rather, some mismanagement or accident at the time of delivery or during the lying-in period.

Prolonged dorsal decubitus after parturition or abortion, when the uterus is heavy and the parts are relaxed, particularly predisposes to retro-version.

The use of a tight abdominal bandage after labor predisposes to

Digitized by Google

the same condition. A tight bandage should be worn only in case of hemorrhage, and then for only 24 hours.

The patient may work too soon after labor, while even without marked subinvolution, the uterus is still large and heavy, and the ligaments and vaginal and abdominal walls are still relaxed.

Unequal involution, more complete in the posterior wall, causes the uterus to bend back upon itself. This inequality may result from inflammation about the site of the placenta.

Laceration or relaxation of the pelvic floor, due either to labor or to accident, is a frequent and important cause of retro-displacement.

If, after injury to the pelvic floor, and consequent loss of support from below, the posterior vaginal wall begins to prolapse, it drags on the posterior surface of the cervix and turns the fundus backward.

Relaxation of the pelvic floor is really more dangerous than laceration, as it is so often overlooked and so difficult to overcome.

9. Various other causes of retro-displacement are fibroid growths in the fundus or anterior wall of the uterus; falls, blows; sudden muscular efforts, particularly at lifting, or if the bladder and rectum are distended; adhesions between the posterior uterine wall and the sacrum; etc,

The atrophied uterus after the menopause generally tends to fall backward.

Symptoms.—These arise from mechanical pressure, reflex pains, and interference with the pelvic circulation. A simple, uncomplicated retroversion may present no symptoms whatever.

Most frequently observed are backache, especially in the lumbosacral region; vertical or occipital headache; extreme nervousness; physical weakness and inability to stand or walk long at a time; sensation of weight and pressure in the pelvis, with weakness and pain in the lower extremities; pain in the region of the ovaries, from resulting ovaritis; leucorrhea; obstinate constipation from partial obstruction of the rectum, and followed, in some cases, by hemorrhoids, anal fissure, or prolapse of the rectal mucous membrane.

Menstruation, in the early stages of the displacement, is profuse and sometimes painful, and the interval between the periods is generally shortened. All the symptoms are usually aggravated at the menstrual period, although ameliorated in the recumbent position.

Micturition is often painful, due to cystitis arising from inability to empty the bladder properly, and decomposition of the retained urine.

Diagnosis may be made by digital or bimanual examination, or by the sound.

Digital examination reveals the cervix at a lower level than normal, and in the axis of the vagina, or a little anterior to it. The fundus is felt in the posterior fornix, slightly above or below the cervix, and is driven deeper into the cul-de-sac by pressure on the cervix.

If flexion be present, the line between the fundus and cervix, on the posterior surface of the uterus, is concave, varying with the degree of flexion.

Digitized by Google

Rectal examination will aid in determining the presence of the fundus in the cul-de-sac.

Bimanually, the fundus is sought in its normal position anteriorly, by palpation on the abdominal wall and counter pressure against the cervix in the vagina.

The sound, though best avoided in ordinary examinations, may be used to aid in differentiating the fundus in the cul-de-sac from a fibroid tumor, extra-uterine gestation sac, fecal mass, etc.

Treatment.—The treatment depends largely upon whether the uterus is freely movable or bound down by adhesions; whether the case is recent or chronic, and upon the absence or presence of complications.

The case may be considered recent if of less than one year's duration. After that time the ligaments and tissues are so overstretched that their contractility and sustaining powers can never be regained, and local, mechanical, or general treatment alone would be useless.

Treatment of recent cases should be continued, if necessary, for about 12 months, and if no result is obtained by that time, the case should be regarded and treated as chronic.

In a general way, the treatment of recent and uncomplicated cases may be summarized as follows: Remove the cause of the displacement; replace the uterus; keep it replaced; reduce its size; stimulate the ligaments and other supports; and attend to the general health and hygiene.

To replace the uterus, which, of course, must be non-adherent, the patient is placed in the dorsal position, with the limbs flexed. The middle finger of one hand presses up the fundus through the posterior fornix of the vagina, the index finger of the same hand being in front of the cervix and carrying it backward. The other hand then grasps the fundus through the abdominal wall and brings it into a position of anteversion.

If the fundus should be caught under the promontory of the sacrum, the cervix may be grasped with a tenaculum and drawn upon, while the fundus is pushed forward by a finger in the vagina or rectum. After the fundus has been drawn out from under the promontory, the cervix is pushed backward.

Another method of reduction is to place the patient in the knee-chest position and introduce a Sims's speculum into the vagina. The vagina is ballooned out, and the air pressure forces the uterus into the upper part of the canal, although still in its position of version or flexion. If the cervix, which is seen directed towards the symphysis pubis, is then seized with a tenaculum and drawn down, or turned backward, the fundus falls forward.

The fundus may also be pressed upward and forward by a repositor, or by a piece of cotton held on a dressing forceps.

In some cases the entire correction cannot be made at one time, due in some instances to the patient's inability to relax sufficiently. Tampons are then inserted in back of the fundus and in front of the cervix, and the rest of the vagina is loosely packed, and attempts at replacement are renewed from day to day.

Digitized by Google

After the uterus has been replaced in the knee-chest position, care should be taken that the patient resumes the dorsal position slowly and carefully, or the uterus may fall backward again.

Tampons may be supplemented by directing the patient to assume the knee-chest position for a half hour once or twice daily.

Although not so extensively used as formerly, pessaries are of service, in selected cases, in maintaining the uterus in a correct position, after the position has been established by other means.

The pessary acts by dragging on the posterior vaginal fornix, thereby pulling on the cervix and lifting it up, and throwing the fundus forward; and, indirectly, by improving the pelvic circulation.

To be of any use, the pessary must follow the curve of the vaginal walls, and care must be taken to select one that is neither too loose, nor tight enough to cause pressure and discomfort; and neither long enough to protrude from the vaginal orifice, nor so short that both bars are not properly supported.

A pessary may have to be worn several months before permanent results are secured; and if permanent results can not be secured and operation is refused, one may have to be worn continuously.

A patient wearing a pessary should be examined from time to time, and patient and pessary both inspected. Daily vaginal irrigation is necessary as long as the pessary is worn, although no mineral salts should be used in the douche, as they may be precipitated and form an irritating crust on the pessary. If the patient becomes pregnant, the pessary should be removed at the beginning of the fourth month.

Pessaries are quite useless if adhesions exist or if the pelvic floor is torn; and harmful if the cervix is torn (when the traction increases the eversion); if the tubes or ovaries are inflamed, or if the ovaries are prolapsed.

Tampons may be used as a mechanical support to the uterus, and, if medicated, as a depleting measure; wool is preferable to cotton in making them, and they may be medicated with glycerine, a 25 per cent solution of ichthyol in glycerin, etc.

The size of the uterus may also be reduced by curettage; by puncturing or scarifying the cervix; by hot douches, painting with Tr. Iodine, saline purgatives, pelvic massage, etc.

Adhesions may be broken up by massage, by posterior colpotomy, or by an abdominal operation.

Electricity, particularly the faradic current, is of service in promoting uterine contractions, stimulating sluggish pelvic circulation, and strengthening the pelvic supports.

An abdominal supporter is useful in supporting and steadying a large, movable uterus, particularly if supplemented by a solid pad over the symphysis pubis.

The favorite operative methods for permanently correcting retrodisplacements are shortening the round ligaments, either by Alexander's method or through the abdominal walls; and ventro-suspension.

Any of these operations must be supplemented by repair of any lacerations of the cervix, vaginal walls or perineum; by curettage for

Digitized by Google

endometritis or metritis if present; by subsequent attention to the general health and hygiene of the patient; and, generally, by some post-operative local treatment.

The field of Alexander's operation is very limited, as it is suited only to cases in which there has been only a slight descent of the uterus, with no adhesions, new growths, nor disease of the adnexa. Some even claim that if this operation effect a cure, simpler, non-operative methods would have sufficed. It is useless in old women, in whom the round ligaments have atrophied. Another objection to it is the double incision which is required.

Briefly, this operation consists in cutting down on the round ligaments as they emerge from the external ring of the inguinal canal, stitching the ligaments upon themselves and to the pillars of the ring, and resecting the redundant portion of each ligament.

The round ligaments may also be shortened through the vagina; or through the anterior abdominal wall, by a Wylie, Dudley or Mann operation. In some of these operations, a fold is also made in the broad ligament.

Ventro-suspension is an operation introduced by Olshausen and modified by Kelly, and, though not ideal, has a wider field of application than Alexander's operation.

Its main danger lies in the formation of an artificial ligament suspended from the abdominal wall, which may lead to intestinal obstruction and death. If properly done, its advocates claim, it leaves the uterus movable, and future pregnancies are not interfered with.

The operation consists in making a median incision in the anterior abdominal wall, about one and one-half inches above the symphysis pubis. The uterus is lifted up into its normal place, and a silk suture is passed through the peritoneum and subperitoneal tissue on one side of the abdominal wall, at the lower angle of the incision; then through the fundus of the uterus, in a line joining the cornua, or a little posterior to it; and through the peritoneum and subperitoneal tissue opposite to its point of entrance. This is followed by another suture about one-third of an inch above the first, and about one-third of an inch posterior to it on the uterus.

An assistant holds the fundus forward so that it comes in contact with the abdominal wall, and the sutures are tied. Any existing adhesions are broken up and any diseased appendages treated or removed before the abdomen is closed.

The uterine tissue included in the suture should be approximately one-quarter of an inch broad and one-eighth of an inch deep. If too much tissue is included, or if the anterior surface of the uterus is scarified, as sometimes suggested, a broad, unyielding adhesion results, which will render the uterus immovable and interfere seriously with its growth in the event of pregnancy.

Among the cases under personal observation, five had been previously operated on for retro-displacement, although no accurate history of the operation could be obtained.

Digitized by Google

Of these, two refused another operation, and improved temporarily under local treatment.

On two of the others, aged respectively 45 and 49 years, a ventrosuspension was done, followed by three months' local and general treatment, and although one complained for about six months of a sensation of dragging from the abdominal wall, both are now in excellent condition.

The fifth, a young woman of 24 years, giving a history of a ventrosuspension done last July, still presents a slight retroversion, and has suffered from symptoms of partial intestinal obstruction ever since the operation.

Oregonian Building, Portland, Ore.

Chronic and Periodic Vomiting.

Dudley Roberts explains the difficulties attending the diagnosis of the cause of vomiting as being due to the great extent of the nerve tracts and the connections of the center controlling this complex act. The writer concludes his article with a resume having particular reference to the characteristics of the vomiting that may be expected in certain conditions: Vomiting of a chronic type, following a gradually developed epigastralgia, at the height of digestion, one-half to three hours after the ingestion of food, is attributed to peptic ulcer, gastric or duodenal. Chronic vomiting then occurs ten to fifteen minutes after food ingestion is attributable to stenosis of the cardia, to nervous abnormality, to cerebral lesion (occasional rather than chronic), or to protracted acute gastritis. Copious vomiting ten or more hours after food ingestion indicates a muscular insufficiency; frequent repetition indicates a permanent lesion in the nature of a mechanical interference with the exit of food. Vomiting in the night is particularly liable to occur in cholelithiasis, periodic hypersecretion, muscular insufficiency and nervous abnormality. Vomiting attempts when the stomach is empty indicates a cause other than gastric lesion, either a reflex, a toxemia, a cerebral lesion, or a nervous abnormality. Periodic vomiting of clear gastric juice of normal or supernormal acidity in any considerable amounts indicates a secretory neurosis of an ulcerative lesion. Vomiting as a sequel of headache, accompanied by severe nausea , but by no gastric or abdominal symptoms, characterizes attacks of migraine; in a majority of cases eyestrain is the underlying cause. Attacks of vomiting of sudden onset, associated with more or less severe gastric pain and nausea, retraction of the abdomen, obstinate constipation during but not preceding the attack, and freedom from abdominal tenderness, are suggestive of the spinal crises, idiopathic nervous vomiting after abdominal colic and constipation, with localized or general tympany, are suggestive of chronic intestinal stenosis.—Medical Record.

Digitized by Google

PULMONARY TUBERCULOSIS

By E. A. PIERCE, M. D.

Read before the Aesculapian Club of Portland, March 14, 1906

Climate in consumption is a will-o'-the-wisp. It is the end of the rainbow with its pot of gold ever just a little beyond. It rests in Colorado, New Mexico, Arizona, Florida, California. Like children in their simple faith, chasing the rainbow's vanishing end and delving for treasure where once it stood, our patient pursues his phantom till, worn and weary, wasted, but hopeful still, he falls asleep and wakes to learn that the magic end of the bow of promise rests upon the mystic shores of the spirit land.

The successes in sanatorium treatment in properly selected cases are often so remarkable, and indeed almost miraculous when measured by the therapeutic standards of a few years ago, that many physicians who are not well acquainted with the limitations of the subject, but who have heard exaggerated stories about sanatorium recoveries, and who have on this account become over-enthusiastic, often flatter us by thinking we can do impossibilities, and send to us for admission cases which are absolutely hopeless, expecting them to recover.

These exaggerations and this excess of enthusiasm, instead of helping the cause, are sure to result in a reaction, and in a great injury to the legitimate claims for sanatoria treatment. About equally injurious to the public welfare, is the attitude of some other physicians (fortunately, each year they are growing less in number) of skepticism as to the real efficacy of these modern methods, arising from a lack of knowledge, and an unwillingness to investigate.

Nourishment and air are therapeutically on a par. Wounds exposed to unclean, germ-bearing atmosphere readily fall prey to disease. The same holds true of an inflamed lung. The resistive power of the mucous membrane has been lessened, and a suitable host is offered for the implantation of the tubercule bacilli. Hence the necessity of the location of the sanatoria away from the thickly settled centers, for, as has been shown by Miquel, the air of cities contains many bacteria, and the nearest pure air is obtained from the top of masts of ships, in mid-ocean.

What physicians of the largest experience in lung diseases throughout the civilized world are now pretty well agreed upon, making slight allowances for differences in climate, can be expressed somewhat axiomatically as follows: In early cases (at least three-quarters of them) cures can be effected. In far advanced cases (with a few rare exceptions) cure can never be effected.

Moderately advanced and advanced cases sometimes end in apparent recovery, but oftener not. Such cases are always very doubtful.

The word "cure" is often loosely used, and thus gives rise to wrong

Digitized by Google

impressions. Therefore, it may be desirable to add that at the date of discharge some of us call a satisfactory case, not cured, but apparently cured or arrested.

If after a proper course of time, however, the patient continues well, the word "apparently" is dropped. But if the patient backslides, we think the "cure" was more apparent than real, or else a fresh infection has taken place.

Private sanatoriums with high charges naturally open their doors more widely than charitable ones, with low prices or with no fees, and the latter will have a larger number of applicants and can establish a higher standard for admission. With state institutions, as a rule, the standard should be higher still, and if so, their efficiency will thereby be increased.

It is obviously the best and the wisest policy to try to do the greatest good to the greatest number of people.

This supreme obect should be kept constantly in mind. If in the conduct of our home sanatorium we could confine our admissions to strictly incipient cases, we could exhibit an account of apparently cured cases which would be very gratifying, because of their greater curability. There always will be a rush of advanced cases, while at first the supply of incipient cases will be limited. As the public becomes more and more educated, however, to the importance, nay, the necessity, for early treatment (and we should do our best to further this education), the wisdom of sending the patients in the early part of their illness will be appreciated, and the number of incipient cases will increase. Until then the sensible method of procedure seems to be to select from all who apply those who seem most likely to receive permanent benefit, and that, too, in the shortest period of time, for obvious reasons of economy and in order to mould the opinion of the public. It costs no more to admit and care for four patients which promise or seem likely to get well in six months, than to treat one advanced case for two years, and besides, we can feel more confident that the four will recover than the one.

As the number of applicants will vary from time to time, our minimum standard will necessarily vary within certain limits. The greatest dangers that we have to contend with in this crusade is, first, the microscope; and, second, the lack of caution and the indifference of the physician in diagnosing the case in its earliest incipiency.

No examiner is infallible. Occasionally a patient whom he thinks ought to do well suddenly develops an unfavorable complication, and goes from bad to worse. On the other hand, a bad case sometimes surprises him by making a marked and rapid improvement. Undoubtedly a part of his difficulty consists in his inability to measure the varying amounts of the mysterious powers of resistance in the patient. I find that I am unable always to form an opinion of the prospects for a patient, until after having watched him for some time, noting his chart, and making frequent examinations, and also taking notice of his general recuperative power. Even after that precaution is taken I am often surprised at results.

Digitized by Google

A patient with a continually rapid pulse, shortness of breath on slight exertion, loss of weight and strength, with or without cough and expectoration, calls loudly for a thorough examination of the chest. If the microscope reveals no tubercle bacilli, it is not proof that a pre-bacillary tubercular condition does not exist. That rapid pulse should be accounted for by exclusion, and if some other organ does not assume the responsibility for the tachycardia, the most thorough precautions should be thrown around the patient, and until proven otherwise, should be treated as a case of incipient tuberculosis, notwithstanding the microscope reveals no tubercle bacilli. In the absence of sputum and rales, three grains of iodide of potassum given three times a day for a few days will often start the secretions so that microscopic and clinical symptoms will be of great aid in diagnosis.

It is of the utmost importance that patients be given the benefit of sanatorium treatment in the early stage of the disease. It is a needless sacrifice of the patient's strength, as well as of his finances, to send him in the last days or months of his disease to fight his battle away from his friends and home, and often to die amid strangers. It is then too late for him to receive benefit from change of climate or surroundings. Let his last days be made as comfortable as is possible.

The patient should live where he can spend the greatest amount of time out of doors, and that is the climate where he will receive the most benefit. It should be impressed upon his mind that it is not the climate that is going to cure him, nor is it the medicine.

There are three conditions that should be observed (and after chosing a place apart from the thickly populated centers) one should be governed by the strict regulations which are being followed in the modern sanatoria of today, where life in the open can be indulged in, where rest, absolutely, in the febrile stage is practiced, and where the greatest amount of food possible is taken. These are the three elements of greatest value in the modern treatment of today.

The sanatoria should be located where there is freedom from the dry, irritating winds of the arid region, which are often dust laden, where the patient is not subjected to extreme cold, thereby preventing life in the open, or, on the other hand, where the extreme heat and the tropical rays are enervating, but where the equable temperature allows of free life in the open at all times of the year, and where the air is moist and non-irritating.

Where, then, in all this broad land can a sanatorium be located among more favorable surroundings than in balmy western Oregon, with her low altitude, making the most perfect rest possible, where the air, washed by the gentle mist, is as pure as a breath from heaven, and where the temperature changes are so mild that patients live all of the year in tents, and where no day or night need the tent be closed, but at all hours open to the pure air, which is our greatest and best antipyretic and tonic.

Digitized by Google

HYDATIFORM MOLE

With the Report of a Case and Presentation of Anatomical Specimen and Microscopical Slide

By M. BRUNDAGE, M. D.
Shelley, Idaho

Read before the 13th Annual Meeting of the Idaho State Medical Society

Symptoms.—This condition has been variously called hydatid, hydatiform, hydatidiform, cystic and vesicular mole, uterine hydatids, dropsy of the chorion villi, myxomatous degeneration of the chorion, myxoma chorii, cystic degeneration of the chorion and cystoid degeneration of Storck.

From available records it is estimated to occur once in two thousand to three thousand cases, though one observer saw it but twice in over twenty thousand cases.

History.—The history of hydatiform mole is of considerable interest. Kossman has given translations of the original manuscripts on this subject from the time of Aetius to that of Virchow, a period ranging from the beginning of the sixth to the latter part of the nineteenth century. Aetius writes thus: "There ensues, therefore, on the part of the sufferer an extensive spongy swelling . . . absence of monthly bleedings, and conception and irregular flowing. If the separation is especially violent, the small bodies which resemble cysts, at times rupture, and from them escapes a watery colored fluid." This is a very good description of hydatiform mole.

Vega, in 1564, gives the next account of this lesion. From this time it is more often noted and many strange opinions are held regarding its nature. Percy and Dewees thought the vesicles were animals. Dewees describing them as of "extremely simple organization and function;" Madame Boivin regarded them as degenerated unimpregnated ova; Goeze thought the condition of a parasitic nature. At one time individual cysts were regarded as living embryos in connection with which opinion it was related that the Countess Margaret gave birth to 365 children at a single labor, 182 of which were females, an equal number males and the remaining one a hermaphrodite. In 1795 Gregorini first records matastatic growths of the lungs associated with hydatiform mole. Velpeau, in 1827, was the first to announce the lesion to be a degeneration of the chorionic villi, and twenty-six years later Virchow advanced the theory of "myxomatous degeneration," which is probably the most generally accepted view at the present time, though some of the recent observers do not agree with him.

Digitized by Google

Etiology.—The immediate or remote cause of hydatiform mole is as yet a matter of speculation. In 210 cases compiled by Findley it occurred at the average age of twenty-seven years, the extreme ages being thirteen and fifty-eight. The greatest number occurred between the ages of twenty and thirty. Recurrence has been noted in a number of instances, in one case recorded by Fritsch four moles developed in succession, and in another Majer states that eleven moles and one child were born of one woman.

As predisposing factors, syphilis, tuberculosis, anaemia and heart and kidney lesions have been mentioned, but not proven; it has also been attributed to cystic degeneration of the ovaries, endometritis, death of the foetus, disease of the blood vessels and lymphatics and to malnutrition. At the present time there is known to take place a pathological hyperplasia of the epithelial elements accompanied by liquefaction of a greater part of the stroma in the larger villi, but just what factor is responsible for these changes is as yet unknown, as is the true position in regard to the question of foetal or maternal origin with the evidence somewhat in favor of the latter.

Pathology.—Viewed with the unaided eye, the mole appears as a mass of cysts of all sizes up to that of a hen's egg, which are connected to each other or to the base of the chorion by pedicles. It may or may not be completely covered by the decidua.

The condition of the foetus varies; it is usually found in a more or less distorted condition, though it may be well preserved, and if the degeneration is not too extensive a living and healthy child may be born. On the other hand, no trace of the foetus may be found; again, the villi may so proliferate within the uterine sinuses as to prevent their closure by the retraction of the uterus on the expulsion of the placenta or they may penetrate the peritoneal coat of the uterus.

Histologically there is first noted a change in the epithelial elements of the villi which undergo a pathological proliferation penetrating the uterine tissues to an abnormal degree. This change is most marked at the periphery of the larger villi, especially at the ends, where irregular projections of protoplasm are seen and in these are found groups of deeply stained nuclei; the protoplasm is granular and vacuolated, indicating a necrotic change which is attributed to malnutrition.

At some time after the beginning of the above described changes the cells of the stroma, which are of the embryonal type, are seen to undergo granular changes and gradually disappear, leaving irregular spaces which fill with serum; these changes in the epithelial and connective tissue elements are most marked in the larger villi. The stroma, however, does not entirely disappear from any of them, a concentric layer of connective tissue always being found next to Langhan's layer. In the smaller villi there is little or no change.

Blood vessels are not found in the large cysts, but may be found in the smaller, less degenerated villi in which, according to Findley, they are seen to be thicker walled than as described in the normal condition.

Authorities differ regarding the nature of the cyst-contents.

Digitized by Google

Virchow and his followers believe in the mucoid degeneration theory. while Storck, Merkle, Marchand, Findley and others believe in the cystic degeneration theory.

We have here tried to demonstrate the nature of the contents of the cysts by testing for mucin which is soluble in water, a normal salt solution, and an alkaline solution and may be precipitated from these by acetic acid; to prove these tests a part of the vitreous humor of the beef's eye which contains mucus was dissolved in the above named solutions and precipitated by adding acetic acid as may be seen in the three test tubes marked "series one." We then made the same tests with 3 per cent formalin added to determine the effects of the formalin on the reaction, since this was the solution in which the specimen was preserved. The result was the same; see the three test tubes in "series two."

Next the tests were applied to the cyst contents dissolved in the three test fluids with negative results, as demonstrated by "series three," which would seem to prove that the cysts contained no mucin, the chief constituent of mucus.

Marchand has demonstrated that necrosis of the stroma occurs when the syncytium is destroyed regardless of the foetal blood supply, and concludes that the syncytium governs the maternal blood supply to the stroma, also that an adequate maternal circulation is essential to the integrity of the stroma.

This view is supported by the facts in partial moles in which the maternal circulation is less embarrassed the degeneration of the connective tissue is not so marked and that the epithelium of the villi first shows signs of degeneration which renders it incapable of exercising proper influence over the blood supply to the stroma.

Findley thinks the presence of serum in the cysts is due to a disturbance of the reciprocal relation between the maternal and foetal circulations.

From this we would apparently be justified in attributing the degeneration of the connective tissue of the villi to an impaired maternal blood supply, but the relation of the blood supply to the degeneration of the epithelium of the villi is yet to be determined, and since these changes precede those in the stroma it is evident that further investigation is necessary.

Malignant Degeneration.—From the histological view-point, the principal difference between the benign and malignant mole or chorio-epithelioma seems to be an increased proliforation of the epithelial elements and penetration of the uterine tissues by the villi to a greater degree in the malignant mole, though just where the benign ends and the malignant begins it seems at present impossible to state.

Symptoms.—The characteristic symptoms of this condition are, discharge of cysts, sero-sanguinous discharge from the uterus and rapid enlargement of the uterus. Associated with these symptoms there are usually nausea, vomiting and pain in the abdomen, back and pelvis. Discharge of the cysts is most characteristic but rare; enlargement of the uterus is probably the most constant sign, though it is not always

Digitized by Google

sufficiently marked to warrant a diagnosis, especially if the exact period of pregnancy is not known; the sero-sanguinous discharge or hemorrhage is often the first symptom to attract the patient's attention. This is said to be more profuse at night, which was true of the case here reported, as were the colicky pains associated with the discharge.

Nausea and vomiting are usually present and the vomiting is more often uncontrollable than in normal pregnancy.

Pain in the abdomen, back and pelvis usually develops after the hemorrhage has been present for some time and may not be complained of until the cervix is dilating and the bleeding is profuse.

Diagnosis.—The diagnosis is usually difficult and sometimes impossible; of course the discharge of vesicles from the uterus or palpation of the same per vaginum would indicate the nature of the lesion at once, but this does not often present, nor do the other symptoms always manifest themselves in a typical manner and when associated with symptoms not peculiar to this condition as they often are, the difficulties are much increased.

Differential Diagnosis.—Among conditions from which hydatiform mole must be distinguished are, multiple pregnancy, hydramniose, threatened abortion or miscarriage, simple and persistent vomiting of pregnancy and placenta previa, all of which at some period of development present one or more of the signs or symptoms associated with hydatiform mole.

Course.—In the course of the disease the ovum is usually discharged between the third and sixth months of pregnancy, though gestation may continue to term should the degeneration be confined to a sufficiently limited area; on the other hand, the chorion may become adherent to the uterine wall and prolong gestation to the tenth or twelfth month when on expulsion there may be fatal hemorrhage owing to the obstruction of the uterine sinuses by the unduly proliforated villi which prevents their being closed by the retraction of the uterus; again, the villi may pass through the peritoneal coat and cause fatal hemorrhage into the abdominal cavity. It is also stated that portions of the chorion may remain within the uterus and be expelled at irregular intervals or result in general septicaemia.

Prognosis.—Regarding the prognosis of hydatiform mole, the mortality has been variously estimated at from 13 to 25 per cent.

Among the causes of death are, malignant degeneration, hemorrhage, septic peritonitis, general sepsis, uraemia, endocarditis, nephritis and meningitis.

Malignant degeneration, fatal hemorrhage and rupture of the uterus have been known to occur before the expulsion of the mole, though such occurrence is rare. However, the remote sequellae are what give us most anxiety, i. e., malignant degeneration and recurrence; malignant degeneration follows in about 10 per cent of cases and has been known to present from nine days to four and a half years after the discharge of the mole.

Because of this tendency to malignant change every case of hydati-

Digitized by Google

form mole should be carefully watched for the following three years at least.

Treatment.—In the treatment of hydatiform mole, prophylactic measures, of course, cannot be adopted, since we do not know its cause. When the condition is recognized, immediate removal would seem the only rational course, since the tendency to malignant degeneration is so marked and the interests of the child are not endangered, for in those cases in which the degeneration is so limited as to make the birth of a living child possible, the diagnosis could not be made before the termination of pregnancy.

In some instances expulsion of the mole has been brought about inadvertently by the introduction of vaginal tampons and the administration of ergot, hoping thus to control hemorrhage. Should the mole be expelled spontaneously, the uterine cavity should be explored with the finger to insure the complete removal of all placental tissue.

In case of operative procedure, Findley advises that all the tissue be removed with the finger and placental forceps if possible, resorting to the curette only when necessary to control hemorrhage or to separate particles which cannot be removed in the above manner. By adoption of these measures the danger of perforating the uterine wall is minimized.

Report of Case.

The following case came under observation some fifteen months since:

Mrs. T.; 23 years of age; primipara; menstruation normal. There has been a slight leucorrhea since the patient can remember, and she suffers some pain when much on the feet during the courses.

Previous health generally good. Some two years since, patient fell over a box, the corner of which came in contact with the abdomen midway between the umbilicus and the symphysis pubis; with this she was confined to her bed for two weeks, and following it there was more or less pain at irregular intervals for several months, when it ceased, and has not troubled since.

After missing two periods, patient began to vomit; this gradually increased in severity until at the end of thirty days she could retain none of the solid and but a part of the liquid food taken. She first came under observation at this time and was found to be considerably emaciated, quite weak and all but sleepless; the pulse, temperature and respiration were normal; it semed at this time a pronounced case of simple vomiting of pregnancy or the first stage of pernicious vomiting. In the course of a week or ten days there appeared an intermittent bloody discharge from the uterus, accompanied by colicky pains, which simulated a threatened miscarriage, and for which it was mistaken. Bimanual examination caused considerable pain at all times; the cervix was at first closed, but later admitted the tip of the index finger; the size of the uterus corresponded very well with the supposed term of pregnancy, and it was not displaced.

Treatment was directed toward the relief of the vomiting and the supposed threatened miscarriage until it became evident that the uterus

Digitized by Google

must be emptied if the life of the patient was to be saved. After consultation, this was done, and this specimen of hydatiform mole obtained.

After a somewhat protracted convalescence, she recovered and remained well with the exception of an attack of whooping cough during the past winter.

LITERATURE.

"The Practice of Obstetrics by American Authors," Jewett.

"Text-Book of Obstetrics," Williams.

"Text-Book of Obstetrics," Hirst.

"Diagnosis of Diseases of Women," Findley.

"Reprint" from the American Journal of Medical Sciences, March, 1903. Findley.

1. Normal Villus.

Epithelial Layer { Syncytium. / Langhan's Layer

Stroma

2. Degenerating Epithelium (high power), showing proliforation, granulation and vacuolation of the epithelium.

Digitized by Google

3. Entire Villus (low power), showing proliferation of Epithelial elements.

4. Entire Villus (low power), showing degeneration of the stroma.

The Broad Tape-Worm in Minnesota.

Prof. W. S. Nickerson, of the University of Minnesota, Minn., (Journal A. M. A.) states his belief that the broad tapeworm is much more common in that section of the country than has apparently been supposed. Three cases have come to his knowledge within the last year, and one of them occurred in a child two years old, born in this country, of Finnish parents, thus showing that the parasite has acquired a foothold. The question as to the rarity of the disease among native Americans being due to their methods of cooking food is suggested, and it is thought probable that such is the case. The larvae of a Dibothriocephalus have been preserved by him in fishes from the great lakes, but he thinks it probable that the species is different from the common European parasite. He thinks it more probable that the infection in the cases reported is due to sewage from a region largely inhabited by Finns and others among whom the parasite is common. It is a warning, however, to be on the lookout and to use precautions against further infection of our waters from this cause.

Digitized by Google

Medical Societies

Portland City and County Medical Society.

On March 7th the Portland City and County Medical Society discussed at their meeting the resolutions relating to contract practice, which had been introduced at their previous meeting, by a committee of which Dr. Bell was chairman. The resolutions were as follows:

Resolved, That the City and County Medical Society of Portland, Oregon, condemns the following forms of contract practice:

First—Any form of contract to treat the members of any association or corporation, whose membership is composed of persons obtained from the general public by solicitation of agents or otherwise.

Second—Any form of contract to treat the members of any lodge or order or their families.

Resolved further, That we recognize the right of contract upon the part of members of this society with firms or corporations, whose sick benefits are limited to the employes of said firm or corporations, or in the case of states, counties or municipalities to the indigent poor; provided, however, that in the case of firms and corporations such contract shall be for a sum that shall not be less, in the aggregate, than that provided for as a minimum charge in the schedule of fees adopted by this society.

Dr. Bell moved the adoption of the resolution, which motion was duly seconded.

Dr. Harry F. McKay called attention to the fact that there was no penalty attached to a violation of the principle of the resolutions. He would like to know what would be done to a member who persisted in engaging in such contract work as these resolutions prohibit?

Dr. Nunn said he believed it was common practice for the two large hospitals to contract with certain employers of labor to take in the employes and board them, and call on the staff to treat the patients. That is contract practice surely. These employes do not come under the head of necessitous and needy persons, and yet he understands that they pay as little as 60 cents a day. He did not know if that was now the rule.

Dr. Bell said that the sisters at St. Vincent's have a contract to care for railroad patients, which arrangement does not come exactly under the head of Dr. Nunn's remarks, as the railroad physicians look after those patients. They also have a contract to look after the marine department. The sailors are supplied with medicine at a stated sum, and the sailors are looked after by a marine surgeon, or somebody that the government makes a contract with to care for the men. If there was any other contract besides these two, he did not know anything about it, nor did he know what contracts, if any, existed at the Good Samaritan hospital. As to the penalty for violating the terms of the resolutions, the committee gave no special thought to that subject, as it thought that possibly the society might turn down the resolutions. If they are turned down, there is no need of fixing any penalty. At the same time, he thought that if the rseolutions are passed, there should be some penalty attached for their violation.

Dr. Nunn said he thought the Good Samaritan hospital has some arrangements for caring for the employes of a big lumber camp, down the river, on a contract basis.

Digitized by Google

Dr. G. S. Whiteside said there are about 300 medical practitioners in Portland, and about 150 of them are members of this society. Any set of resolutions passed by this society only affects 50 per cent of the practitioners of the city. The members believe that the 50 per cent inside the society are the least likely to do things against the public good. The men who do not belong to the society are the worst offenders. It would seem that the thing to do is to get all the men in Portland, who are licensed to practice medicine, into the society first, and after that something can be done with such resolutions. But no good can be accomplished with such resolutions before that time.

Mr. Marshall asked where, if all the corporations furnish doctors to wait on their employes when sick, are the other doctors who are not so employed to get patients?

Dr. Tilzer did not believe the railroads could be excluded from forming contracts, as they are inter-state institutions.

Dr. McKay referred especially to the American Hospital Association as the worst offender. He said that he had a patient who had the gonorrhea, who was solicited to join that society. He told the solicitor that he had some sickness, and that was urged by the solicitor why he should join, and get cured. He was treated for four months for $3. After that, not being cured by the Association doctor, he had gone to the speaker.

Dr. Marshall said that the American Hospital Association will not accept anyone to membership who is sick at the time of entrance to membership. If such people get in, it is because they are not closely questioned.

Dr. McKay said that this particular patient is willing to make the written statement that the member of the Association took him to Dr. Marshall and told the doctor to treat him.

Dr. Marshall denied that anything of the sort occurred.

Dr. Binswanger said the question before the Society was whether it would countenance an association that treats people for almost nothing. He believed that a majority of the members did not believe in it. He believed that the American Hospital Association was the most flagrant offender, and the City and County Society should express its strong disapproval of it, and also of every lodge where the doctor receives less than the regular fee. He did not agree with Dr. Whiteside that the Society should take everybody into its membership. If everybody is in, then the meetings of the Society will not be worth attending. The best element of the profession is in the Society, and if the rule is made that lodge work should not be done for less than regular fees, the lodges would have hard work to get physicians at a lower rate. He thought that if any member of the Society violated the provisions of these resolutions he should be notified by the Secretary to desist, and if he fails to do so, he should, after four weeks, be expelled.

Dr. Tucker believed that it was derogatory to the dignity and interests of the profession for its members to engage in contract practice. He believed this was so both as to railroad work and lodge practice. He believed that they should begin with what was easiest to change. He believed the thing to do was to form an organization which will include every man in the county, who is licensed to practice medicine, whether eclectics, homeopaths or regulars. When everybody is in, then the members can decide what they should do. As long as the Society is made up only of the "best

Digitized by Google

element" of the profession, they are incapacitated from enforcing any rule on the profession at large. He believed that the Portland City and County Society had been too autocratic; it had stood off and said—"we are good, and you are bad." Such conduct was un-Christian, and not according to the tenets of any church, or of civilization.

Dr. Gilbert asked if they could force men to join the Society?

Dr. Tucker believed there would be no difficulty about getting the members. Six weeks ago he was opposed to any such project, but Dr. Kinney, of Astoria, who had told him how the matter worked in Clatsop county, had converted him. He believed that an invitation issued by this Society would bring at least 95 per cent of the profession into the fold. He thought the Portland City and County Medical Society should take steps to form the Multnomah County Medical Society, and retain the City and County Society as it is.

Dr. Walls thought that Dr. Tucker was about right, and it was time that the profession was getting away from old and antiquated ideas. The doctors can no longer get together as the English doctors used to do, and declare that they are "it." They ought to be one great brotherhood of practitioners. Whoever passes the state board should be eligible to get into the Society.

Dr. Pettit said that we are approaching a new era in medical organization, and that which has proved successful in other places can be made successful here. It may be that the present Society can be retained for scientific purposes, but there should be a county society which would take in all practitioners. Perhaps a railroad is an interstate affair, but a railroad doctor is not. He is local. A railroad doctor does not receive one-tenth of what a railroad lawyer does, which is all wrong. The work done for the preservation of the life of human beings should be held of equal value with that which deals with dollars.

Dr. Binswanger said that it was not easy to get a man out of a society who is unethical. Such men carry on their nefarious practices just the same. That matter had been discussed in this Society many times, and it was the sense of the members to get only good men in. He believed that the worst evils in the profession should be dealt with first.

After some further discussion, taken part in by Drs. Yenney, Williamson and Gilbert, a motion to lay the resolutions on the table was adopted.

Dr. Tucker then moved that this Society invite all the members of the profession to form a society of licensed practitioners, to be called the Multnomah Medical Society.

Dr. McKay said he did not believe that the men who have not been permitted to join the City and County Society will join this society. They will resent such a proposition.

Dr. Damasch suggested that the new society be called the Medical Co-operative Society.

Dr. Tucker's motion was then adopted, and the meeting adjourned.

The regular meeting of the Portland City and County Medicial Society was held in the Commercial Club rooms March 21st, 1906. Present, 35 members, two visitors; Dr. Coe in the chair. The minutes of the last meeting were read and approved. The application of Dr. Joseph McChesney, of St. Johns, being favorably reported by the Board of Council, was balloted on. He received the unanimous

Digitized by Google

vote of the Society and was elected to membership.

Dr. Coghlan then read the paper of the evening, "Acute Inflammation of the Accessory Nasal Sinuses." The paper will be published in the next issue of the Medical Sentinel.

Discussion.

Dr. Dickson thought the paper was very terse and complete. Said that supra-orbital neuralgia was often diagnosed when sinus disease was present. The cause of the pain is due either to the fact that the pressure in the sinus when the mucous membrane was congested differs from that of the air or that it came from the pressure of the mucous membrane on itself. Antrum disease frequently diagnosed footache as branches of the sup max. nerve pass along the floor of the antrum. The primary cause in acute cases is nearly always constitutional. He differed with the author in considering such cases are easily curable if taken in hand early. In chronic empyen a of the ethmoid cells one may have very few symptoms, when the condition will suddenly light up, meningeal symptoms follow and death ensue.

Dr. House had noted the great rapidity with which local symptoms follow general constitutional disturbance often within twenty-four hours, and that there was great danger of meningitis following. Thought that there was danger of using the nasal douche too hard, and so causing some of the fluid to enter the Eustachian tube.

Dr. Pettit said that he had had difficulty in deciding the cause of headache, whether due to pure neuralgia, sinus disease or autointoxication. He noted the periodicity of the pain, appearing between 8 and 10 A. M., relieved only partially by morphine, which would clear up of itself in the afternoon and the patient would be free until the next morning. In frontal sinus disease there was marked tenderness on pressure over the orbital plate near its articulation with the lachrymal bone, and thought this was a distinctive point of diagnosis.

Dr. Josephi mentioned a case of traumatic empyema of the frontal and ethmoid cavities due to injury. Later erysipelas developed and a small abscess which pointed in the upper eyelid was opened. The empyemic condition then developed and the frontal sinus was opened and curetted on two different occasions. It was over a year before the condition was well under control.

Dr. Goray said that headache simulated that of eye strain, but was more often unilateral. The ethmoid cells and the frontal sinus are very frequently involved together.

Dr. Coghlan, in conclusion, said that he had used the nasal douche almost altogether, and thought it much more cleansing than the spray. A mere tap on the frontal ridge in frontal sinus disease gives severe pain due to periostitis. Meningitis comes from direct infection through the posterior ethmoid cells and sphenoidal sinus.

Cases in Practice.

Dr. Mackenzie spoke of a case which had suffered from gastric disturbance for twenty-five years. First hemorrhage twenty-five years ago, and several very severe ones since, with apparently complete recovery between attacks. Diagnosis of gastric ulcer was made. Recently marked loss of weight, symptoms of gastric disturbance and marked stenosis at the pylorus for the stomach was extremely dilated, the greater curvature being at the level of the pubis. At operation the pylorus was found normal; there were no signs of gastric

Digitized by Google

ulcer, but of an old duodenal ulcer though there were no adhesions or other signs of former inflammation. A posterior gastro-enterostomy was performed and the patient recovered remarkably. All his previous symptoms subsiding. The main features of this case were the marked gastric dilatation and the duodenal obstruction.

Dr. Coffey related case sent to him with a diagnosis of gall stones. The pain and tenderness were entirely on the right side about the level of the navel. At operation no disease of the appendix or gall bladder was found. The pylorus was dilated. On the table the patient came out of the anaesthetic enough to vomit, and a temporary stricture was seen about 2½ inches to the left of pylorus at the site of an ulcer which was found on the posterior surface of the stomach. He mentioned eight cases of gastro enterostomy with one death six weeks after operation from pyonephrosis, and four cases of cancer without operative fatality. In all these posterior gastro-enterostomy was performed.

Dr. Jones reported a case of suture of the external iliac artery. The man was struck in the groin by a pair of scissors. There was tremendous hemorrhage, checked by digital pressure. Immediate operation showed a transverse cut in the vessel about three-eighths of an inch long. He decided to try suture first rather than amputation. The wound healed and the circulation was perfectly restored.

Miscellaneous Business.

Dr. Coe mentioned the urgent need of medical men as candidates for the next legislature. Even if at a great sacrifice by the candidate, for if there were no representation any medical legislation could be passed, no matter how detrimental to the profession.

Dr. Josephi stated that resolutions had been recently passed, that a committee of three were appointed—Drs. Coe, Josephi and A. C. Smith—to take up this very point.

Dr. Dickson thought there was no need for two societies, referring to motion that had been passed at the last meeting, and considered that this new organization would not be a true medical society but rather a medical union. Believed that the invitation to form this new society should come from the President and Secretary of the City and County Society, and moved that a committee be appointed by the president to issue this call.

Dr. Josephi protested most earnestly against the carrying out of Dr. Tucker's motion, passed at the last meeting. Thought it absurd and out of order, as the present City and County Society is the County Society. and as such has representation in the State Society. He protested also from an ethical standpoint, and thought that the formation of such a trades union would simply act as a boomerang; that the Society would make a terrible mistake if it took the leadership in this new proposition.

Dr. Cauthorn agreed with Dr. Josephi, and thought if such an organization was started the better element of the profession would soon retire from active participation and leave the worse element in control.

Dr. Coffey also agreed with these objections, and thought that very few outside of the present organization would accept invitations.

Dr. Buck moved that the motion presented by Dr. Tucker at the last meeting be reconsidered; seconded by Dr. Josephi. Unanimously carried.

Digitized by Google

Dr. Josephi moved that further consideration of this motion be indefinitely postponed. Seconded and carried unanimously.

Dr. Bell moved that the resolutions regarding contract practice be taken from the table. Seconded. Rising vote. Motion lost. Adjourned.

Central Willamette Valley Medical Society.

The Central Willamette Valley Medical Society held its quarterly meeting at the Hotel Corvallis, Corvallis, Oregon, March 7, 1906.

After the routine business of the evening was completed, the scientific program was begun by the presentation of a case for diagnosis by Dr. H. S. Pernot of Corvallis. The patient was a young woman who had enormously enlarged lymphatics on both sides of her neck. The rapidity of the growths, their huge size and the comparative absence of febrile symptoms were the salient points in the symptomatology. The patient was examined by all the physicians present, and opinion as to diagnosis was divided between tubercular adenitis and Hodgkins' disease.

The first paper of the evening on "The Apoplectic State," in the absence of the author, Dr. R. L. Gillespie of Portland, was read by Dr. Wm. House of Portland. Dr. Gillespie reviewed the symptoms and pathology of cerebral hemorrhage, thrombosis and embolism. The subject was illuminated by the presentation of numerous pathological specimens, showing the different lesions of the various forms of apoplexy in different parts of the brain. The paper was discussed by all the members present.

Dr. H. S. Pernot then read an interesting paper on "Appendicitis," which was based upon his own experience with a considerable number of cases, and reviewed the results of both operative and non-operative treatment. As a result of his own cases, Dr. Pernot was of the opinion that appendicitis should always or nearly always be treated as a surgical disease, whether in the city with hospital facilities, or in the country without. An animated discussion followed, in which all present took part.

The meeting then adjourned to the dining room, where it was continued as a social session at the heavily laden tables, provided by the Corvallis contingent, who acted as hosts.

Dr. M. H. Ellis, of Albany, presided, with Dr. W. A. Trimble as Secretary.

Others present were Drs. Wallace, Hill and Davis of Albany, Marks of Halsey, Booth of Lebanon, Bennett of Munroe, and Pernot, Cathey, Ferra and Lee, of Corvallis. Dr. Wm. House, Portland, visitor.

The Aesculapian Club.

The Aesculapian Club of Portland effected a permanent organization at a meeting held March 14, 1906, Dr. Frank M. Taylor acting as host. The membership is made up of men, none of whom have practiced in Portland for more than four years.

The objects of the club, as stated in the constitution, are mutual improvement in the study of medicine, surgery and allied sciences; cultivation of the art of discussion and debate; to bring its members into closer relations, and to co-operate with the City and County Society for advancement of medical conditions and interests. A program will be prepared in advance for the entire year, giving titles of papers and authors, and the names of two members who are to open each discussion. It becomes the duty of every member to

Digitized by Google

take part thereafter in the discussion of every paper, and the members hope and expect by this method to cultivate broader views, and to lessen the danger of seeing work from the somewhat narrow standpoint of specialists. Meetings will be held at the home or offices of the members, each in turn acting as host, and no meeting will be complete without a social time following the business session. The club is not antagonistic to the official county society, but on the contrary aims to train its members for better work in the larger organization. As an organization it will take no part in politics, medical or otherwise, which are forbidden by special provision of the Constitution.

The officers to complete the year are: President, L. H. Hamilton; Vice-President, F. M. Taylor; Secretary-Treasurer, Wm. House. The charter members are the officers named above, and R. J. Marsh, J. C. E. King, C. S. White, E. A. Pierce, M. B. Marcellus, Jas. Wiley, J. M. Short, C. E. Hill and S. H. Sheldon.

Acute Articular Rheumatism.

C. W. Hargens, Hot Springs, S. D. (Journal A. M. A., March 3), remarks on the confusion in the common use of the term rheumatism, which he defines as an acute, febrile, non-contagious affection, characterized by a nomadic multiple arthritis, profuse sweating and proneness to endocardial complications. He is not inclined to accept the microbic theory of the disease, which he considers to be, in at least the great majority of cases, autotoxic, due to toxic invasion from the alimentary canal, but often complicated by microbic invasion, the infection being secondary to the conditions wrought by the disturbed metabolism and made possible by them. Realizing this, early treatment, he says, will promptly relieve the patient and will usually prevent the secondary infection. His treatment consists in complete rest between dry blankets in a warm, sunshiny room, thorough cleansing of the alimentary canal before any food is allowed, then a carefully regulated diet, limiting the food taken and excluding all proteid or xanthin-forming foods, keeping up elimination vigorously by way of the skin and bowels with baths, laxatives, etc., and flooding the system by the internal administration of alkaline waters and keeping the urine alkaline or neutral by this means. For drug treatment, he would give the salicylates, not over three grains daily, in doses of from 10 to 15 grains. He finds that with hot baths and free elimination, large doses of depressing drugs are well borne, but he advises getting rid of the salicylate as soon as possible and substituting the syrup of iodide of iron and Fowler's solution, as these patients become weak and often markedly anemic. Also, he says, one must not adhere too long to the non-proteid diet. Locally he uses hot batting or wool and applies a splint. Unless the weather is extremely favorable he would keep the patient in bed at least a week after the temperature becomes normal, and in all cases he keeps careful watch against relapse.

Chloroform should not be administered too close to a gas jet or gas stove, as its vapors are thereby decomposed, forming products which when inhaled by the patient, surgeon and assistants may give rise to disagreeable and even serious effects, such as nausea, vomiting, and pulmonary and renal irritation.—International Journal of Surgery.

Digitized by Google

Book Reviews

Clinical Obstetrics. By Robert Jardine, M. D., Professor of Midwifery in St. Mungo's College, Glasgow; Senior Physician to the Glasgow Maternity Hospital, etc., with 96 illustrations and a colored plate. Second edition. London and New York: Rebman Co. For sale by R. W. E. Southworth, Tacoma, Wash. Price, $4.75.

Jardine recalls the remarkable fact that a discussion inaugurated by him in 1898 on the necessity of asepsis in midwifery disclosed members of the profession who were disposed to take the other side. In this work he contends that until the need of aseptic midwifery is realized, there will continue to be ravages from puerperal septicaemia. Especially among the poor and ignorant is this scourge the most deadly. Dr. Jardine has done much in a most extensive field to enforce his views, in his practice as a member of the staff of the Glasgow Maternity Hospital, and the work before us contains much of the valuable experience that he has gained in his work. Its value has been thoroughly appreciated by the profession, whose demand for it has, in two years, rendered a second edition necessary.

Portfolio of Dermochromes. By Prof. Jacobi, of Frieberg, Germany. English Adaptation of Text by J. J. Pringle, M. B., F. R. C. P.; Physician to the Department for Diseases of the Skin at the Middlesex Hospital, London. Vol. II. New York: Rebman Company. For sale by R. W. E. Southworth, Tacoma, Wash.

This is a sumptuous work of its kind, and fully lives up to its title. The skin diseases with which it deals are pictured in colored plates of the most realistic character, and these plates will be found to be of great value to the physician in his diagnosis. They will help many a practitioner of the first and most difficult step he has to take. Valuable suggestions are given as to the treatment and prognosis of the diseases that are illustrated.

The World's Anatomists. Concise Biographies of Anatomic Masters, from 300 B. C. to the present time. By G. W. H. Kemper, M. D., Professor of Medicine in the Medical College of Indiana, Indianapolis, Ind. P. Blakiston's Son & Co., Philadelphia, 1905.

This interesting little paper covered volume has for its frontispiece the famous picture by Rembrandt, painted in 1632, picturing Nicholas Tulp, Professor of Anatomy in Amsterdam, dissecting a cadaver before his pupils. The general object of these biographic sketches is to introduce the medical profession to the men whose names have adorned anatomic literature for over twenty centuries, and it admirably performs this agreeable duty.

The Eclectic Practice of Medicine. By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with two lithographs in colors, six color prints and fifty-seven figures in black. 8 vo., 1033 pages. Price: cloth, $6.00; sheep, $7.00. The Scudder Brothers Company, Publishers, No. 1009 Plum Street, Cincinnati, Ohio.

The searcher after information as to the meaning of Eclectic Practice of

Digitized by Google

Medicine, will find what he wants in this capacious volume. The most critical student will certainly agree with "one of the fundamental principles" of this system, "that when once the relation of drug action to diseased conditions is found, it is found for all time." Nothing can be more self-evident than this truth, and no quarrel will be had thereupon. The contention of the author is that his practice is more modern than the older Eclectic Works on Medicine, as it is more up to date in etiology, pathology, description, diagnosis and treatment. This work is indispensable for Eclectic practitioners, and contains much that is valuable and worth study for others.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, etc. Vol. IV, 15th series, 1906. Philadelphia and London: J. B. Lippincott Co.

The subscriber to this series of articles will find the usual assortment of exceedingly valuable articles in this issue of the Clinics. The latest thought and experience are here given from both sides of the Atlantic, and the work should find a place in the library of every practitioner who seeks to keep up with the times in his profession.

Williams on Food. Food and Diet in Health and Disease. A Manual for Practitioners of Medicine, Students, Nurses and the Lay Reader. By Robert F. Williams, Professor of Principles and Practice of Medicine in the Medical College of Virginia, Richmond. In one handsome 12mo volume of 392 pages. Cloth, net, $2.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1906.

Here we have a convenient, practical book on foods and how they should be used—one that gives the facts concisely and clearly and without technicalities. This book, being written in language so simple that a schoolboy can read it intelligently, can be recommended to a physicians' patients as a guide to the preparation of food in sickness and convalescence. For mothers the book will be especially valuable. Nurses and hospital superintendents will find an attractive feature of the work in the last section, where is given a great number of recipes for foods for sick patients and convalescents, with full directions for preparing and administering.

For convenience, the book is divided into two parts. In Part I, (Food in Health) the needs of the body for different kinds of food, and the manner in which they are utilized, are explained. The principles of cooking and detailed descriptions of the different articles of food in common use are given, with chapters on the proper nourishment of infants, children, adults and the aged. Part II (Food in Disease), deals with the variations from the normal diet which are necessitated by the more common diseases, and includes a section on the general methods to be observed in feeding the sick, as well as special directions for nourishment in the different diseases.

Koplik on Diseases of Children. A Treatise on the Diseases of Infancy and Childhood. For Students and Physicians. By Henry Koplik, M. D., Pediatrist to Mt. Sinai Hospital, Ex-President American Pediatric Society, etc., New York. New (2nd) edition. Revised and enlarged in

Digitized by Google

text and illustrations. Octavo, 868 pages, 184 engravings and 33 plates. Cloth, $5.00; leather, $6.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This book represents a very successful attempt to reflect the best pediatric knowledge of the world. The author has infused into this second edition of his work a large proportion of his own experience derived from the exclusive study of this subject for the past twenty years, and extending over an ambulatory and hospital practice covering 250,000 children. This personal element will be most apparent in the chapter on Infant Feeding, a subject of paramount importance, and one in which recent advances have been striking. The author has given the methods employed by him in hospital and private practice. The clinical character of the work has been preserved throughout, as the author has adhered to his purpose of furnishing a practical guide and textbook, serviceable alike to students and physicians. A number of new drawings have been added to this edition, and the text shows an increase of about 200 pages.

The Influence of the Menstrual Function on Certain Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D., Physician to the New York Skin and Cancer Hospital, Consulting Physician to the New York Hospital, Consulting Dermatologist to the Randall's Island Hospitals, to the Manhattan Eye and Ear Hospital and to the Hospital for Ruptured and Crippled, etc. New York: Rebman Company, 1123 Broadway. London: Rebman Limited, 129 Shaftsbury avenue. For sale by R. W. E. Southworth, Tacoma.

This work is the result of over ten years' observation and investigation, and it presents a subject which has been but little considered, although it is often of great importance to the practicing physician, as well as to the specialist. It comprises the record and analysis of very many cases which have been observed and reported by others, and reference to almost 100 personal cases exhibiting the influence of the menstrual function on certain diseases of the skin, often in a most striking manner. There is a large bibliography, and a very full index, which facilitates ready reference.

Nasal Sinus Surgery with Operations on Nose and Throat. By Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. Illustrated with 68 full-page half-tone and colored plates, including nearly 100 figures. Royal Octavo, 256 pages. Bound in extra cloth. Price, $2.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry street. Philadelphia, Pa.

This is a beautiful work, typographically and artistically. Dr. Douglass' name is a sufficient guarantee of its sterling worth and usefulness to the specialist and the general practitioner.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, M. D., Ph. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Second edition, revised and enlarged. With one colored plate and three plates of Microscopic Preparations. Large 12mo, 229 pages, extra cloth. Price, $1.00, net. 1906. F. A. Davis Company, Publishers, 1914 Cherry street, Philadelphia, Pa.

Digitized by Google

This book has been prepared with the aim of imparting accurate knowledge through the student's own observation. With the directions for experimental work, is a brief explanation of the facts observed, so as to call attention to their meaning. The less important experiments, or those which are not of general interest, are printed in smaller type. The second edition makes no change in the original plan of the work, but suggestions arising from its use in various universities during the last six years have been adopted wherever they promise to add to the success of the work.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S. Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School, London; New American Edition, thoroughly revised and edited with additions by J. Chalmers DaCosta, M. D., Professor of Surgery in Jefferson Medical College, Philadelphia, with the collaboration of a corps of specially trained assistants. 1600 pages, 1132 illustrations in black and colors. Price, $6.00 cloth; $7.00 full leather. 1905. Lea Brothers & Co., Philadelphia and New York.

"Gray" and "Anatomy" may be said to be almost synonymous terms. Henry Gray died young, but he left as his masterpiece this great work, showing not only his profound knowledge of the human structure, but also his marvelous skill in presenting his knowledge for ready assimilation by other minds. The rapid growth and progress of anatomical knowledge has been represented in the frequent revisions of Gray by leading anatomists on both sides of the Atlantic; none, however, has been more thorough, searching and critical than the present one by Dr. DaCosta, who combines in rare degree the qualifications of anatomist, surgeon and teacher. This revision has been so thoroughly done that the entire volume has been rewritten and reset in new type. Of the 1132 illustrations, 500 are new.

On the Relations of Diseases of the Skin to Internal Disorders, with Observations on Diet, Hygiene and General Therapeutics, forming a Supplemental Volume to Every Manual and Text-Book of Dermatology. By L. Duncan Bulkley, A. M., M. D., Physician to the New York Skin and Cancer Hospital; Consulting Physician to the New York Hospital; Consulting Dermatologist to the Randall's Island Hospitals, to the Manhattan Eye and Ear Hospital and to the Hospital for Ruptured and Crippled, etc. 1906. New York: Rebman Company, 1123 Broadway; London: Rebman Limited, 129 Shaftsbury avenue.

The lectures contained in this book were delivered to physicians at the New York Skin and Cancer Hospital last March, and their publication in this form is a source of gratification to the profession. In these lectures the author has sought as simply and practically as possible, to show the great necessity of studying the patient as well as the disease. No attempt is made to exhaust the subjects treated; the desire was rather to stimulate thought. If the contents of this little book are rightly grasped and acted upon, they will aid many in the treatment and cure of certain cutaneous disorders which have previously been intractable.

Digitized by Google

Correspondence

A Letter to Dr. McCormack.

The following letter has been addressed to Dr. J. N. McCormack by Dr. W. E. Carll, of Oregon City:

Dear Doctor:

I have the honor to be a member of the Oregon State Board of Examiners, and also to be a member of the committee chosen to answer your open letter in the December number of the American Journal.

I am sorry our answer did not fulfill your idea of what you claim should be "a kind and conciliatory spirit." Permit me to ask you a few questions and make a brief statement of a personal nature relative to your insult to the Board in both of your communications. In the letter from your friend in Oregon relative to his experience when he was examined by the board, and his disgust at the time and later, he states: "The examination was ludicrously easy." If this was the case it may account for his not cribbing, but why should the others take a chance in being plucked, and crib in such a flagrant manner during a "ludicrously easy" examination?

Permit me to inform you that the gentleman who conducted the anatomy examination is dead. I have no criticism to make relative to his faults, if he had any, and could say much of his good qualities and of his good standing when he lived, and the respect the profession hold for his memory.

I have interviewed many licensed physicians with reference to your letter and statement about the flagrant and open cribbing with "books and ponies," and they all give a flat contradiction to the statement. These people are all licensed, and we could not do anything to them even should we so desire. I will continue to investigate your slanderous charges, and learn if you have any possible foundation for them.

You have been in Oregon when the Examining Board was holding examinations. Why could you not have made personal investigation before publishing such rotten stuff to the whole country?

The differences in the medical society are not so serious as you seem to think, or what a stranger would infer from your letter, and permit me to state that I have been one of the minority for several years trying to remedy the only trouble you complain of there.

You state in your letter to the Journal of March 3, "you have received no information from anybody not a member of the City, County or State societies." This sounds strange to me, for I was shown the letter by the writer of a letter to you, and have every reason to suppose you received that letter and wrote your original article from information contained therein. This letter contained nothing with reference to the State Board, which may enable you to determine which letter I mean without reference in this communication to the writer's name—not that I am bound in any way to keep it secret, for I am not.

Permit me to ask you if, in all fairness before you condemn an Examining Board, you do it on such information as you have quoted in your letter? Have you taken the trouble to compare the papers given by the Oregon Board with those of other states? and compared the number

Digitized by Google

plucked by us with the number plucked by other boards? If you have done so, I do not see upon what you base your charges.

W. E. CARLL,
Member of Oregon State Board of Medical Examiners.

OBITUARY.

Dr. E. L. Irvine, of Portland, died at San Francisco on March 13th. The body was buried at Albany. Dr. Irvine was well known in Portland, where he had offices on Grand avenue. He was a graduate of Willamette University. He was 47 years old at the time of his death. He leaves a widow and a son, Dr. Lloyd Irvine, who is surgeon for the Northern Pacific railroad at Expansion, Wash.

Dr. J. M. Boyd died at Walla Walla on March 20th, at the age of 69 years. Dr. Boyd went to Walla Walla in 1878, and was City Physician for a number of years, and was also Mayor of the city for two terms. He was born in Kentucky, and settled in 1865 in the Powder River Valley, Oregon. He laid out the townsite of Baker City, where he resided several years. Dr. Boyd leaves a widow and seven children.

Dr. Eugene J. B. Du Gas, of Roseburg, died on March 27th, after an illness extending over several months. He was recently in Portland consulting his physician friends, and he then went to Seaside for a time, but a few weeks ago he returned home to die. He was a Southerner, born in Atlanta 65 years ago, and a surgeon in the confederate army during the civil war. He came to Oregon 35 years ago, and practiced medicine in Champoeg and Newberg, and 14 years ago moved to Roseburg. His body was brought to Portland and cremated.

Surgical Repair of Injured Nerves.

J. S. Horsley, Richmond, Va. (Journal A. M. A., March 3), discusses the pathology of nerve degeneration after injury and the regeneration that takes place, especially after surgical union of divided nerves. He holds that, while early operation is advisable in some cases of crushing injuries or when suppuration has occurred, or where these is compression from a callus or a tumor, no operation for nerve suture should be abandoned because of the length of time that has elapsed since the trauma. He reports at length an interesting case of nerve implantation for complete traumatic paralysis of motion in the forearm except in those parts supplied by the ulnar nerve, and of sensation except in those parts of the skin supplied by the ulner and musculo-cutaneous nerves. Two operations were performed, both in the upper arm, with an interval of more than a year between them. In the first operation the median nerve was united to the ulnar, marked improvement following; in the second, the musculo-spiral nerve was united to the median and fairly good restoration of function resulted. Trophic disturbances, ulcers and crumpling of the nails of the middle and index fingers appeared, but disappeared after the second operation. The special features of the case are discussed; the facts indicate an anomalous nerve supply for the extensors of the forearm, either a high bifurcation of the muscular-spiral or a free communication between the anterior interosseous of the median with the posterior interosseous of the musculo spiral. The trophic disturbances on the fingers are attributed to an anomalous distribution and partial degeneration of the radial nerve. The article is illustrated.

Digitized by Google

Extracts

Chronic and Recurrent Coughs and Their Treatment.

Abstract of article by J. E. Alter, M. D.: In treating coughs we quite often encounter obstinate cases, which, no matter what combative measures may be instituted, will continue without abatement. Such cases are best classified as the chronic cough and the recurrent winter cough. Both of these classes are extremely obstinate in their course and yield reluctantly to treatment. They are usually of long duration, and while not, in themselves, directly dangerous, may become so by inducing emphysema and bronchiectasis.

In the great majority of chronic and recurrent winter coughs, the basic trouble lies in a low form of inflammation of the bronchial mucous membrane, especially that of the bronchioles.

In many cases I have used Codeia, but later I have been having much more success with another derivative of opium, i. e., Heroin. In comparing the results obtained from the use of these two drugs, I notice that heroin will not constipate the patient, nor will it have the stupefying effect characteristic of codeine. Another advantage possessed by heroin is that it is effective in young children, in very small doses.

I have been accustomed to describe heroin alone, but, about a year ago, my attention was called to a preparation of that drug—Glyco-Heroin (Smith). Upon giving it a good trial I found that it gave me better results than obtained when heroin alone was given, and much more quickly. Glyco-Heroin (Smith) has one distinct advantage over plain heroin in that it can be given for a long time without ill effects, and in the class of patients in question this is, indeed, a most important feature. During the past year and a half I have treated a number of cases and recurrent winter coughs with Glyco-Heroin (Smith) and have obtained uniformly good results.

Example.—A. L.; salesman; aged 28. I say this patient early in the spring of 1903. He is robust and of good habits. He consulted me concerning a constant cough which had troubled him for over a year. It was usually worse in the morning and after meals, and accompanied by expectoration of thick muco-purulent matter. Sometimes blood-stained, and especially so after a severe paroxysm. This circumstance preyed upon his mind considerable—he thought he had consumption. I learned that he had a severe attack of acute bronchitis during the spring of 1902 and had been coughing ever since. Physical examination excluded tuberculosis. The diagnosis was chronic bronchitis, sequential to acute. The patient was immediately put on Glyco-Heroin (Smith), and the same hygienic measures ordered as in case 1. Here again the financial condition of the patient precluded change of climate. In addition to the Glyco-Heroin (Smith) the patient was given syrup of hypophosphites as a tonic. I did not see him again until last October. He then reported himself absolutely free from cough. He continued taking the Glyco-Heroin (Smith), and, during the present winter, has not experienced any return of the trouble. In this case a complete cure was effected by means of quieting the cough and stopping the irritation of the mucous membrane, in this manner allowing the restorative powers of the body, aided

Digitized by Google

by the tonics and good hygiene, to accomplish a cure.

Example.—Miss R. M.; aged 24; teacher. This lady has been coughing ever since she was 19 years of age. At that time she had an attack of rheumatism with a complicating bronchitis. After the acute condition had moderated, she continued to cough, the cough being very annoying in character, spasmodic and prolonged. After each paroxysm she was left in a state of exhaustion. During the attacks she urinated involuntarily. On examination she was found to have chronic bronchitis, aggravated by an exceedingly irritable condition of the respiratory tract. The mere odor of cigar smoke was sufficient to induce a paroxysm of coughing. In treating this patient it was necessary to devote attention to the neurasthenia as well as the chronic bronchitis. She was placed on a diet and her mode of living regulated. Arsenic, strychnine and iron in pill form were given. For the cough, I ordered Glyco-Heroin (Smith). The improvement was marked and rapid. The general nervous condition became much improved and the cough grew much less severe and gradually lost its spasmodic character. At the present time it amounts to but little more than a "clearing of the throat." This case, more than any other, demonstrated the excellent properties of Glyco-Heroin (Smith). The quick relief afforded was surprising and no more gratifying to the patient than to me.

Carcinoma of the Prostate.

H. H. Young, Baltimore (Journal A. M. A.), gives the results of fifty cases of cancer of the prostate and describes the radical operation performed by him, including the excision of the entire prostate with its capsule and urethra and the adjacent portion of the bladder, the seminal vesicles and the ampulla of the vasa deferentia. He considers this a common disease, existing in about one-seventh of the entire number of cases of prostatic enlargement in men over fifty. Induration and pain are common, and aid the early diagnosis. The growth is often slow, confining it within the limits of the firm prostatic capsule for a long period. He claims that his operation, which is necessary for its cure, is not difficult and gives very satisfactory functional results, and that with early diagnosis the mortality should be nil, and the percentage of cures large. Every indurated enlarged prostate should be suspected, and a perineal operation advised, when, if malignancy be discovered, the radical operation can be resorted to. The article is illustrated.

Unrecognized Epilepsy.

W. P. Spratling, Sonyea, N. W. (Journal A. M. A.), notices the fact that many cases of epilepsy go unrecognized for years to the damage of any prospects of cure. He attributes this in part to a false conception of the disease—that it is a convulsive disorder—and in part to the non-recognition of its early manifestation such as "worm fits," "teething fits," which are considered as innocent in character when they should be always looked on in the most serious light. If a child has these, even if they apparently disappear with infancy or childhood, its convulsive tendency should be respected throughout its natural life, especially at the critical periods of its existence. He pleads for the early recognition and correct estimation and due treatment of the convulsive symptoms of infancy that so often mean epilepsy in later life.

Digitized by Google

Euthanasia.

Should persons suffering with an incurable malady be given a lethal dose to put them out of their misery?

For some time past our secular as well as religious press throughout this country and Europe have been agitating this great moral question, and it has assumed such mammoth proportions that many converts have been and are being made who are advocating this mode of procedure.

When we at first blush examine this question from purely a sentimental as well as a humanitarian point of view, it seems very plausible. When some poor mortal is and has been tortured and racked with the most excruciating pain resulting from a malignant cancer or some other incurable malady, why should they be allowed to suffer from day to day with no prospect of recovery? Knowing that death is inevitable, why allow them to suffer, when an anesthetic can be given to end their misery?

Now, in answer to this query we would say, how do we know that the disease or malady from which they are suffering is incurable? We all know that diseases are often pronounced incurable which recover. Who is to decide this question and know just where and when to draw the line? Some of its advocates say that a certain number of competent physicians should be empowered by state law to decide just when these cases are to be pronounced incurable, and that they should be empowered to execute this law.

But recently we noticed that a daughter of John Vine Hall, the great English Arctic explorer, whose mother recently died with malignant cancer, advocates this theory. She said that she often felt "that it would be a mercy if some one could only have had nerve enough to administer a lethal dose and relieve her mother from her terrible agonies."

A bill has recently been introduced in the Ohio legislature advocating just this kind of a law; what will happen next? We have already destroyed the sacredness of the marriage vow and are trying to abolish the death penalty. Is it not high time to call a halt and put an end to this sickly sentimentalism?

We know that physicians as well as surgeons are not infallible; in their diagnosis as well as prognosis in very many cases they err, besides cases often recover in spite of their treatment. Nature sometimes steps in at the critical period, and the patient recovers. No humane or respectable surgeon would allow his patient to suffer pain needlessly, without administering some form of anesthetic to relieve him and smooth his pathway to the grave. This is done, we know, every day—but when it comes to administering a fatal dose "to put a patient out of the world'—that is quite another question. What moral right has any physician, or any other person, to take the life of a suffering person? It strikes us very forcibly that this mode of procedure is nothing more or less than murder. We know that the moral law says: "Thou shalt not kill!" Are we prepared to abrogate this law of God and substitute in its place a law which, if enacted and carried out, would entail upon humanity one of the greatest moral evils that the world has ever witnessed, a form of wholesale murder? We know that some of the grandest types of character known in history have been developed when called upon to undergo the most excruciating mental as well as physical torture. How about the Christian martyrs—saying nothing of those poor unfortunates that are

Digitized by Google

bearing heroically from day to day the untold miseries of that most loathsome disease known to science, namely, leprosy?

We should not, as we said in the first part of this article, allow any sickly sentimentality to have any weight with us in considering this great moral question. We should remember that there is a great moral principle here involved that we have no right to ignore. Would it not be far better for all concerned that those who are suffering from any form of incurable malady, that Nature should be allowed to take her course, and that these persons should be allowed to die a natural death, soothed from time to time with some form of anodyne to relieve their temporary sufferings, rather than take God's law in our own hands and do what he has declared we "shall not do"—namely, "Thou shalt not kill?"

We feel that there is a gross misapprehension among the laity with regard to the attitude of the medical profession on this great moral question. While it can not be denied that there are some distinguished members of the profession who advocate this mode of procedure purely from a humanitarian point of view, the great bulk of the profession are heartily opposed to any such procedure. Having used every means known to science in his attempts to save poor suffering humanity, the physician should then leave the matter indirectly in the hands of that Supreme Being who alone has the power to rob the grave of its terrors and clothe this mortal body with a blessed immortality. The mission of the really true physician is to "save life," not to destroy it.—C. R. Hunt, M. D., in Columbus (Ohio) Medical Journal.

In the application of splints for inflammations of the knee-joint it is better to have them too long than too short, in order to secure the necessary immobilization. They should generally extend upward as far as the groin and downward nearly to the ankle.—International Journal of Surgery.

Fecal Impaction of the Rectum.

T. C. Martin, Cleveland, Ohio (Journal A. M. A.), reports cases of this condition and describes its causes and treatment. The usual recommendation is to anesthetize the patient and to employ irrigation. The object of this paper is to point out the advantages of the use of the proctoscope in these cases. The treatment consists in the elevation of the patient's hips, introduction of the proctoscope, withdrawal of the obturator and illumination of the rectum, for which purpose he has devised a special candlestick, which he describes. Through the proctoscope, by means of forceps and spoon, the impacted masses are easily removed without manual contact. Recurrence of the condition is to be prevented by removal of any obvious cause, such as valvular obstructions, etc., and limiting diet to meat, fruit and vegetables containing little starch. Bathing, free drinking of water, enemas, massage and exercise are advised. Cathartics are condemned in these cases.

Sinus Thrombosis.

H. Hastings, Los Angeles, Cal. (Journal A. M. A., Nov. 18), reports two cases of sinus thrombosis which are of interest for the following reasons: In each case the thrombosis, though of otitic origin, was masked by the symptoms of other diseases, in one case by typhoid, and in the other

Digitized by Google

by malaria. In neither case were the so-called classical symptoms, chills, sweats and fever present, and the suspicion of thrombosis was aroused in both by certain irregularities in the history which led to thorough examination of the sinus after the mastoid ablation. Hastings strongly advocates the examination of the sinus and emphasizes the danger of delay until the classical symptoms appear, since these are evidences of a late and dangerous state, viz., of septic disintegration. He has seen the sinus uncovered, purposely or unintentionally, 115 times in 198 consecutive mastoid operations without any bad result. He believes that terminating a mastoid operation in an old case, or when there is much mastoid destruction, without uncovering the sinus and making sure of its condition, is bad surgical practice.

Requirements for Success in Surgery.

The requirements for a successful surgical career are, according to L. C. Bosher, Richmond, Va. (Journal A. M. A., March 3), first, a thorough natural fitness for the work; second, a thorough liberal education including as much as possible of studies of a scientific nature, especially physics, biology and chemistry in the order named. Next the very best available medical school should be selected where a complete all-around medical education may be obtained. After completion of the medical course a term of hospital service is now considered an absolute essential, and, if choice is possible, it should be in a hospital where the cases are seen under the masters in the profession, and where the interne's time is divided into service in the medical and surgical wards, in the order named, if he wishes to become a surgeon. In such a one he can learn the methods of the masters and learn the responsibilities of a surgical assistant. Mere observation alone, however, will not suffice, but operations on the cadaver and on the lower animals are invaluable in acquiring technical skill without risk of human life. From the simpler operations on the patient, the interne can gradually advance to those more difficult as his skill and judgment improve. The best advantages of hospital training are obtained by the interne who gives his full attention to his duties, and he will thus gain the confidence of his superiors and lead them to entrust work of greater importance into his hands. After finishing the medical course and the hospital internesship, and perhaps also a term as surgical assistant, there are still generally months and even years before a special surgical practice can be developed, but this is an advantage rather than a drawback, as it favors the acquirement of the breadth of view which is sometimes notably absent in those who settle down too early into the practice of a specialty. In conclusion, he refers to the other indispensable requirements, health, energy, honesty and temperate habits, as well as the incidental advantages of attractive personality and tact, here as in every other position in life. With these requisites one may count on a reasonable measure of success in the practice of surgery, and even the rare exceptions who are "born surgeons" would also be the better for them.

Digitized by Google

Personal

Oregon.

Dr. J. P. Myers has moved from Rainier to Portland.

Dr. M. J. Gerdes, of Drewsey, recently visited in Burns.

Dr. A. P. McLaren, of Rainier, was in Portland last month.

Dr. Kirby, of Elgin, has a large number of typhoid cases.

Dr. I. W. Starr, of Brownsville, was a recent visitor at Salem.

Dr. Cathey, of Corvallis, was a visitor in Summit last month.

Dr. J. McCarroll, of Canyon City, has moved to Pueblo, Colo.

Dr. J. T. LeFevre, of Boourne, has decided to locate at Sumpter.

Dr. J. C. Booth, of Lebanon, has just moved into his fine house.

Dr. Trimble, of Albany, was calling on his Portland friends recently.

Dr. H. A. Littlefield has been elected City Physician at Newberg.

Dr. E. O. Dutro, formerly of Cascade Locks, has moved to Dufur, Oregon.

Dr. Wm. Jones took a trip to California during the early part of March.

Dr. J. G. Newgard has left Canyon City and has returned to Minneapolis.

Dr. W. W. Oglesby, of Cottage Grove, paid a visit to Drain last month.

Dr. J. B. Kelly, of Brownsville, was a witness in court in Albany last month.

Dr. Geo. W. Biggers, who recently moved from La Grande to Portland, has gone to California on his wedding tour.

Dr. Chilton, of Klamath Falls, has just made a long trip into the Bear valley.

Dr. W. H. Byrd, of Salem, went to the southern part of the state last month.

Dr. Jenkins, of Mitchell, made a professional call at Spray during March.

Dr. W. W. Oglesby, of Cottage Grove, made a flying visit to Eugene recently.

Dr. Sam C. Slocum, of Portland, wants to be coroner of Multnomah County.

Dr. L. W. Chilton, of Canyon City, was called to Suplee to see a patient last month.

Dr. J. Meyers, of Columbia County, has located in Union, taking Dr. Ewin's office.

Dr. A. E. Tamiesie, of Salem, was a visitor in Ashland on private business last month.

Dr. J. L. Hill, of Albany, attended to some professional calls at Junction City last month.

Dr. J. N. Smith, of Salem, announces to the public that he would like to go to the State Senate.

Dr. D. A. Cathey, of Corvallis, who formerly lived in Canyonville, recently visited his old friends.

Dr. Harry McKay was recently elected exalted ruler of the Portland Lodge of Elks. He is the first exalted ruler of this lodge to be unanimously elected.

Digitized by Google

Dr. J. P. Walsh, of Chicago, has moved to Union, and entered into partnership with Dr. Saunders.

Dr. A. J. Giesy, of Portland, is in New York, being treated for an affection of one of his eyes.

Dr. H. A. Dedman, of Canby, was a Portland visitor during March. Mrs. Dedman accompanied him.

Dr. Johnson, of Bonanza, met with a buggy accident last month in the country, when going to visit a patient.

Dr. Chas. E. Hawke, formerly of Portland, later of La Grande, has gone to New Mexico for the benefit of his health.

Dr. W. G. Cole, of Pendleton, recently went to Grangeville, Idaho, to look over some prospective investments.

Dr. F. W. Van Dyke, of Grants Pass, has had his many virtues set forth by his local newspaper as a matter of news.

Dr. L. D. Scarborough, of Creswell, is a physician who puts in his spare time looking after his large fruit orchards.

Dr. A. K. Higgs, of Heppner, has just returned from Chicago, where he has been doing eye, ear, nose and throat work.

Dr. W. H. Ewin, of Union, had a pleasant 10-day trip to California last month. The Doctor is talking of moving to Portland.

Dr. Pickel, of Medford, as a member of the State Board of Health, was one of the visitors to Eugene during the investigation that was made of that city's water supply.

Dr. B. M. Richardson, who is a graduate of the Medical Department of Willamette University, and has practiced four years in the Philippines, has located in Marshfield.

Dr. J. D. Plamondon, of Athena, has dipped so deeply into politics of a local nature, that he has just been elected Mayor of his home town. His many friends insist that he will make a model Mayor.

Dr. Willis B. Morse, of Salem, has the sympathy of the entire profession in the late death of his wife. Mrs. Morse was married to the Doctor in 1889, and she leaves a large number of mourning friends.

Washington.

Dr. A. L. Hegler, of St. John, has moved to Prosser.

Dr. Chas. Harden, of Pe Ell, visited in Ilwaco last month.

Dr. C. H. Day, of Dayton, has been buying real estate in his home town.

Dr. Martin Stiles, of Walla Walla, went to Kahlohtus last month on professional business.

Dr. Davis is a new physician at Cashmere. The Doctor has recently moved from Seattle.

Dr. and Mrs. Wm. H. Van Patten, of Walla Walla, made a trip to San Francisco last month.

Dr. J. S. Walston, of Montesano, was called in consultation with Dr. McIntyre at Hoquiam last month.

Dr. P. Frank, of North Yakima, has been on the sick list, owing to too hard work and too much exposure.

Dr. and Mrs. Wayne Bridgeford, of Olympia, recently caled at Albany,

Digitized by Google

Ore., to visit Mrs. Bridgeford's parents.

Dr. J. W. Mowell, of Olympia, has had quite a trying time as a result of a gunshot wound he received several weeks ago while hunting.

Dr. George Kuykendall, of Pomeroy, is recovering from the accident which he sustained recently when he suffered from a broken arm, in a buggy upset.

Dr. F. J. Van Kirk and **W. D. Kirkpatrick**, of Bellingham, have gone to Lisbon, Portugal, to attend the International Medical Congress. They will spend the summer visiting the clinics at Vienna and London.

Idaho.

Dr. R. L. Nourse, late of Hailey, is enjoying life in Berlin, Germany.

Dr. O. F. Page, of Sandpoint, has bought the hospital of Dr. O'Shay at Cabinet.

Dr. W. Newell, formerly of Idaho City, has located at Okmulgee, Indian Territory.

Dr. Doran, of Detroit, Mich., has purchased the practice of Dr. J. W. Stoneburner, of Leland.

Dr. James F. Doyle, of Antigo, Wis., has made some investments in Boise, and proposes to move to that city.

Dr. I. L. Magee, formerly of Palouse, Wash., has joined Dr. W. W. Magee at Couer d'Alene in the erection of a hospital.

Montana.

Dr. M. A. Walker, of Dillon, was a recent visitor at Anaconda.

Dr. R. E. Hathaway, of Glendive, has been on the sick list for a time.

Dr. G. F. Tidyman, of Ennis, attended a recent meeting of the County Medical Association at Virginia City.

Paroxysmal Tachycardia.

A. W. Hewlett, San Francisco (Journal A. M. A.), remarks that while no adequate physiologic explanation has yet been made of the remarkable affection known as paroxysmal tachcardia, some light has been thrown on it by recent observations. It has been shown that in a number of patients, at least, there is an abrupt doubling of the heart rate at the beginning of the attack, and that the return to the original rate is sometimes equally abrupt. He reports the case of a patient in whom the heart rate was doubled by change from a recumbent to a sitting position. The only satisfactory explanation of the abrupt change of rate is that offered by Hoffmann, that the heart does not contract to every stimulus it receives. Of the several explanations suggested for this—exhaustion of irritability or of muscular contractility, blocking of the impulse every other time high up in the auricle, the last named seems to Hewlett to have some support in the fact that it also satisfactorily explains the secondary four-folding of the rate observed by Hoffman.

Digitized by Google

MEDICAL SENTINEL

MAY
1906

Volume XIV **Number 5**

Notes

Tacoma sent five trained nurses to assist in taking care of the sick and injured at San Francisco.

A South Bellingham herb dealer has been compelled to take down his sign of "doctor," and he will seek pastures new.

The next meeting of the North Idaho Medical Society will be held at Coeur d'Alene on June 19th.

Curry County, Oregon, is boasting of its healthfulness. It has only one physician in the county, and it has never known a epidemic.

Commendable activity is being shown by the King County Medical Society at Seattle, over the proposition to establish a sanatorium for the treatment of tuberculosis.

The Clarke County Medical Society (Wash.) was organized at Vancouver on March 22nd. Dr. J. R. Smith, of Vancouver, was elected president, and Dr. E. F. Hixon secretary.

The Yakima County (Wash.) Medical Society, which has been quiescent for a year past, is being revived. Last month a meeting was held at North Yakima, at which some eighty physicians were present, and initial steps were taken to place the society on a permanent basis.

Digitized by Google

The Seattle doctors claim that the torn up condition of the streets of the city is largely responsible for the large amount of lung trouble that prevails among the population.

The local authorities of Portland have taken steps to put a stop to the campers and scow dwellers below Portland drinking the river water. Typhoid developed last month from this practice.

Dr. J. R. Wetherbee Returns.—The Medical Sentinel is glad to see with us once again Dr. J. R. Wetherbee, of Portland, who has been touring the hospitals of Europe for some months.

The Whitman County Medical Society held a successful meeting at Pullman on the 17th of April. Interesting papers were read and discussed. Dr. P. D. McCormack, of Spokane, read a paper on "Stone in the Kidney," and Dr. E. A. Pierce, of Portland, read a paper on Tuberculosis.

When the San Francisco disaster came, several physicians volunteered to go with Dr. K. A. J. Mackenzie to assist in the work of caring for the sick and wounded. These Portland doctors did some excellent work at the scene of the earthquake, and their efforts were much appreciated.

The Tacoma authorities had uphill work in their prosecution of Dr. John Wilson for practicing medicine without a license. The doctor is 70 years of age, and had a license from Michigan. Sympathy for the defendant worked on the minds of the jury, with the result that might be expected.

The North Yakima Sanitarium is to be conducted hereafter partly on benevolent lines. As far as the funds will permit, charity will be one of the principles of the institution. No dividends are to be declared to the stockholders. W. H. Decker, formerly of Portland, is the superintendent of the reorganized institution.

The April number of McClure's has an interesting article by Dr. Woods Hutchinson on Common Dietetic Delusions. The fluency of the Doctor's style challenges attention; and so does his strong advocacy of a pork diet. Not many students of dietetics will agree with the impetuous doctor in his most radical contentions.

Digitized by Google

The American Hospital Association, which is regarded as the prince of offenders in encouraging contract practice, had a sleek representative in one Fred S. Dole, who worked his associates to the tune of several thousand dollars in Portland. It is remarkable that he should have found so many gullible people as he did.

A Helena newspaper is agitating the subject of medical reciprocity, and wants the national government to take hold of the subject, and provide that a doctor wno is allowed to practice in one state may do so in any other state, without further examination. Our contemporary does not know what a large contract it has on its hands.

Another damage suit in Spokane was decided by the jury in favor of the doctors sued. A man named Millis met with a compound fracture of his leg, and after being treated by Drs. D. G. Russell, H. B. Luhn and J. B. Munly, the leg shortened. The jury found for the defendants. It took the jury less than an hour to arrive at their verdict.

Dr. Alan Welch Smith, of Portland, has received the congratulations of his friends over his winning the lawsuit, in which he sued a patient for $450. The patient, who had plenty of money, appraised the services of his medical man at $200, and offered to pay that amount. Tne case was tried before a jury, and they agreed with the doctor as to the value of his services.

Las month the Cowlitz County (Wash.) Medical Society was formed at Kelso. Dr. Yokum, of Tacoma, as president of the State Medical Association, was present and assisted with the organization. Officers were elected as follows: President, Dr. Frank M. Bell, of Kelso; Vice-President, Dr. John R. Persons, of Castle Rock; Secretary and Treasurer, Dr. I. M. Sims, of Kalama.

A man named Colgrove was fined $50 and costs at Walla Walla for practicing medicine without a license. He had filed notice of his intention to take the state examination, and said on the trial of the case that he supposed that that was all that was necessary to entitle him to practice. Colgrove should have known better, as he was formerly drug clerk at the Walla Walla penitentiary.

Two days after the San Francisco earthquake and fire, Dr. K. A. J.

Digitized by Google

Mackenzie organized a party of physicians and nurses and went to the stricken city to assist in the work of caring for the sick. The following named physicians accompanied Dr. Mackenzie: Drs. Boals, Marcellus, Ralph Matson, Equi, Dammasch, McKechnie, Barber, Spencer, Coffman, Bilderbach, McCusker, Ellis, Berkley, Swensson.

The meeting of the South Idaho District Medical Society on the 19th of April at Twin Falls was a very successful one. Officers elected for the ensuing year were as follows: E. W. Kleinman, M. D., Shoshone, President; W. F. Pike, M. D., Twin Falls, Vice-President; J. M. Taylor, M. D., Boise, Secretary-Treasurer; Geo. A. Kellogg, M. D., Nampa, J. W. Gue, M. D., Caldwell, Executive Committee. The next meeting will be held at Nampa.

It would not have seemed to have been necessary to ask the Attorney-General of the State of Washington, whether or not a physician could, under the law, compound a prescription. But there was in some people's minds a doubt on that score, and the information was asked for. The question arose over the proposition to combine the office of physician and steward at the Olympia penitentiary, and parties who were opposed to such combination contended that while a pharmacist might be steward, and compound the prescriptions, a physician could not compound his own prescriptions.

The annual meeting of the California State Society was announced to be held at San Francisco for the entire week beginning with Tuesday, April 17th. The earthquake came along early on Wednesday morning, and effectually stopped the proceedings of the society. Dr. G. S. Peterkin, of Seattle, was down for a paper on "Differential Diagnosis between True Sciatica and Diseases of the Urethra and Adnexa." This paper was set for the afternoon of Wednesday. Dr. George S. Whiteside had a paper before the joint meeting of the Pacific Coast Urological Association with the Genito-Urinary, Syphilis and Skin Section of the State Society on a "Case of Lichen Planus Involving the Bladder." Dr. David De Beck and Dr. Wood, of Seattle, were visitors to the society meetings.

Following the statement that a company proposes to build a sanatorium part way up Mt. Hood, comes the statement that another company is going to erect a similar building on top of the mountains north of Boise. There pure water and fresh air exist in abundance, and in the hot weather the air is cool and refreshing. There is no doubt but the mountains along the Pacific coast afford as delightful scenery, and as healthful conditions as the many mountains in Switzerland, where the people of Europe go by the hundreds of thousands, and help the Swiss hotel keepers to wax rich. Whether the population on the Pacific coast is large enough to make a

Digitized by Google

similar success of the mountain resorts proposed in this region, is a matter of question. Population, and ability and willingness to spend money are needed to make such resorts a success.

A Portland physician who was discussing the attempt of the big New York insurance companies to cut down examination fees to $3, where the policy amounts to $3000 or less, informed the editor the other day that the great economies that are being effected within the Mutual Life of New York are showing tangible results. A year ago he received notice that his $3000 policy had been credited with $1.29 cash dividend. This year his credit has been $1.33. Here is a distinct and positive gain of nearly three per cent, which is something to be grateful for. If the physicians will hereafter consent to make examinations for $3 instead of $5, and if other like economies are made, it is more than likely that this physician's dividend on his policy next year may amount to at least $1.37.

An elegant trip to China and Japan is being promoted by Prof. Alexander J. Stone, of the College of Medicine and Surgery, connected with the University of Minnesota. The party will sail from Seattle on July 25th, and return early in October. The trip across the ocean will be on the Hill steamer, the Minnesota, which is one of the finest floating palaces on the high seas. The price of about $625 from Seattle back to Seattle, will include first class hotel accommodations everywhere, and first class transportation. The jinrickisha rides will be had every day in Japan, and the corresponding pleasant means of locomotion will be indulged in in China. If any of the readers of the Medical Sentinel want to see the beauties of these countries, this opportunity should be grasped. Write to Prof. Stone at St. Paul if you are interested.

Poor Old Oregon.—The Journal of the American Medical Association has had room to spare in knocking Portland, through reports and editorially. Under the rules of the Journal, one little line is given each state every issue, in which it is assumed that the officers of the state societies are correctly published. Oregon comes in under this scheme for one line. Our attention has just been called to the fact that although a new president is about to be installed, following Dr. George F. Wilson, who held the office for two years, that this alleged directory of state officers, gives the name of a president of some term still antedating that of Dr. Wilson. Those who "manage" the A. M. A. know at least that Dr. Wilson was president last year, for they were present when he delivered his address welcoming the A. M .A. to Portland. A little less time for abuse and a moment's thought for a correct statement, would out this way be appreciated from the Journal.

Digitized by Google

Editorial Notes

Opposition Brewing.—Down in Virginia the opposition to A. M. A. methods is cropping out. A correspondent in that state believes that too large a surplus is being accumulated in Chicago from the pockets of the physicians, and he wants the price of the Journal reduced, and all advertisements declined. The correspondent, in common with many others, believes that the work of the alleged auditing committee is farcical. The members of that committee are not accountants; there is a hurly-burly on when they are around, and a surplus is a great temptation for extravagance. All over the country the independent medical journals, which are not tied to or allied in any manner with the A. M. A. Journal, are very outspoken, and declare that the Journal has become commercialized, and now runs the Association, and attempts to dictate its policy. So far there are no signs apparent that any concerted attempt will be put forth at the Boston meeting to effect any sort of a change. What is everybody's business is often undertaken by nobody—or at least, not until after a great deal of procrastination.

Insurance Co. Examinations.—The letter published in this issue of the Medical Sentinel by Dr. Van Dyke, the President of the Josephine County Medical Association, expresses the universal feeling among the members of the profession on the subject of fees for medical examination for the insurance companies. Amid all the excitement that has attended the investigations of these great companies; with charges, substantiated fully, against presidents, vice-presidents and boards of directors, of looting funds belonging to the policy holders, there has not been a breath of suspicion cast against the doctors. Many a physician examiner is, doubtless, urged by his neighbor and friend, to turn in a slightly colored report to the company of which a policy is sought. But no charge has been made that physicians have ever done such a thing. Agents, related to executive officers, have taken hundreds of thousands of dollars to which they were not entitled; officers have drawn hundreds of thousands a year for expenses and services to which by all business rules they had no claim whatever. Now that reform is insisted upon, the presidents and other officers continue to draw enormous salaries, but the great army of doctors whose business it is to guard the funds of the societies against the depredations of those whose chance of life is limited, are to be paid inadequate fees for the purpose of making a showing of retrenchment. The suggestion of Dr. Van Dyke that members of all the medical societies unite to resist this unfair curtailment of fees is a good one, and every society should take the matter up and pass resolutions in line with the suggestions Dr. Van Dyke makes.

Patent Medicine Samples.—A measure that should be put through the legislature of every state in the Union is one prohibiting the distribution of sample packages of patent medicines. In some states, such a law exists, with severe penalties for a violation thereof. It is unnecessary here to set forth the evils that attend the indiscriminate distribution of these medicines. Many of them contain a large percentage of alcohol; children get them and drink

Digitized by Google

them, and thereby incur a taste for alcoholic preparations which may be of lasting injury. Other strong drugs of which these medicines are compounded are liable to cause all kinds of derangements when consumed promiscuously, and serious poisoning cases have been brought to the attention of many physicians in different parts of the country, where the practice of sowing these medicines broadcast in front and back yards prevails. The Seattle physicians are alive to the importance of this subject, and they are seeking to effect local relief by getting the city council to pass an ordinance covering the matter. This is a good thing to do in every city where a state law does not cover the proposition; but a state law is the better thing, for then the state machinery can be invoked to punish the offenders, instead of merely the police power of the cities.

Senator Fulton and Congressman Kahn Special Friends of the Doctors.—The Medical Sentinel would be derelict if it did not editorially express its appreciation of the efforts which Senator Charles Fulton of Oregon and Congressman Julius Kahn of San Francisco have exercised in favor of the Army Medical Bill, which, through their efforts and the efforts of other good friends in Congress, seems now about to become a law. We name these two because especially are the doctors of this coast indebted to these men for what they did in the interests of the Army Medical Bill.

An Omission.—Through an error, the following list of reference literature was omitted in the publication of Dr. Marie Equi's paper on "Retrodisplacements of the Uterus," which appeared in the April number of the Sentinel:

Practice of Gynaecology—Ashton.
Gynaecology—Garrigues.
Text-Book of Diseases of Women—Penrose.
Text-Book of Gynaecology—Montgomery.
Operative Gynaecology—Kelly.
American Text-Book of Gynaecology.
International Clinics.

Mistaken Identity.—Some five years ago a physician from Vienna, unacquainted with the medical customs of this country, while awaiting the meeting of the State Board of Medical Examiners of Oregon, located in a rural place in Washington. There he followed the local custom and ran a card in the local press.

Having passed the Oregon Board, he opened his office in Portland, and again put his card in a Portland paper, in which he announced his former hospital connections. Although as soon as notified that this was not allowable, he promptly withdrew the same from print, he was soon after refused admission into the Portland Medical Society. The Committee on Invitation to the Portland Medical Society recently asked this gentleman to join and the society admitted him by unanimous vote the other evening, showing that there was evidently on a former occasion a case of mistaken identity.

Dr. Holt C. Wilson had a delightful trip abroad of three months, and he returned satisfied that while "seeing America" is a good thing, seeing parts of Europe and Africa is good also. He sailed from New York on December 5th and landed in Palermo, Sicily, in due course, after a fine trip along the Mediterranean; thence he went to Syracuse, then to the island of Malta, then to Tunis, and to Constantine and Biskra in Algiers, and re-

Digitized by Google

turned over the same route to Syracuse. He spent three weeks more in Sicily, and sailed from Naples on March 7th for home. The doctor visited cities that are not as much frequented by travelers as are the chief Italian resorts, and enjoyed the trip immensely.

Following is a list of the graduates of the University of Oregon Medical Department who received their diplomas and degrees on April 30th: Oliver Miller Babbitt, Simon Peter Bittner, Alfred Edward Teasdale-Buckell, Harry Earl Estey, Ferdinand P. Fisch, William J. Inman, Henry J. Kavanaugh, Ernest E. MacLeod, Charles Leon Mead, William A. Monroe, Claude Powell, Asa Bertrand Starbuck, Frederick F. J. Thompson, John Thompson Townley, James Leonidas Wooden, Thomas E. Zieber. The degrees were then conferred by President P. L. Campbell, of the University of Oregon. The Saylor scholarship medal for the greatest percentage of credits acquired during the four years' course was awarded Dr. Alfred Edward Teasdale-Buckell, and was presented by Dr. James F. Bell with a few suitable remarks. The charge to the graduates by Dr. George F. Wilson was a well-worded talk on the duty of the physician in the pursuit of his profession.

Doctors in Politics.—The primary elections are over, and the indications are that the physicians will have a much smaller representation in the legislature at Salem than they are entitled to. The doctors did not dip deep enough nor early enough into the political arena, and some of those who did dip in, did not do it just right. Our good friend Dr. Thornton, from whom great things were expected, subscribed to statement No. 1. Without going deeply into politics, the Medical Sentinel may be allowed to remark that this statement No. 1 seemed to be a red flag to those good republicans who want above all things to see a republican elected to the United States senate, for they saw a loop hole through which possibly some other brand of statesman might get into the upper hall of congress from this state. Our friend, too, who was representing the doctors of Portland, had the misfortune to come low down in the alphabet, and the voter who looked for twelve good men to vote for, had exhausted his voting capacity before he got to the "T's." As a friend suggested to the doctor after election, if his name had been Anus, or Ananias, he would doubtless have been elected. Dr. Wells, too, a good dyed-in-the-wool democrat, sought the privilege of getting on the democratic ticket, but as his name begins with the twenty-third letter in the alphabet, nearly twenty-two other would-be democratic legislators came before he did. Our very good democratic friend C. A. Smith, of Pendleton, is renominated and will in all probability be elected. Our very good republican friend, Dr. Cole, of Pendleton, is nominated as a joint senator, also Dr. J. N. Smith, of Salem. Dr. H. L. Henderson, of Astoria, is another good man nominated for the senate, while Drs. F. J. Bailey, of Hillsboro, H. P. Belknap, of Prineville, and V. C. Belknap, of Prairie City, are among medical house candidates.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.L., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE AMERICAN MEDICAL ASSOCIATION GANG

That the American Medical Association is being run in the interest of a band of Chicago manipulators, is more and more being recognized by the profession throughout the land.

A good deal of fault has been expressed here in Oregon against Dr. McCormack. This is a needless and mis-directed assault upon a worthy gentleman. McCormack is a good-natured gentleman, one of the best politicians in America, who is employed by the men who control the A. M. A., through the Journal, to go about the country, nominally to "organize" the profession, but actually to feel out the pulse in various localities, lay the wires and provide that at each coming session only the ornamental offices shall go to the "unwashed outside."

Oregon, Washington and Idaho had the largest percentage of members in the A. M. A. as to the entire number of doctors in these states, of any three states in any neighborhood in the United States. The Oregon physicians had raised nearly $25,000 to entertain the A. M. A., and had tried to do their duty in the great work of the annual session of the greatest scientific body on earth. The meeting came to Portland against the wishes of the Journal ring. As soon as the meeting was well over, this ring thought it well to make an attack upon us. It not only sent their bland politician out here to abuse us, but editorially attacked us. They thought that out in this outskirt of the country, they might find supple knees to bend, and if not "what could little Oregon do about it?" There are states in the East where the percentage of membership in the A. M. A. is not one-fourth that of Oregon. If "Organization" is what was wanted, why not work there?

A MEDICAL BUREAUCRACY

Quite a number of people *think* they are in the ring which controls the A. M. A. Journal. As a matter of fact, a half dozen or at most a dozen people are all who know what the journal is doing.

Reports are sent out yearly of what is done with the very large sums of money which pass through the office of the Journal—about

Digitized by Google

a quarter of a million dollars—which read as nice as for years have the life insurance reports. Other medical publishers cannot exactly see how so much money is being expended.

Because Oregon and the delegates from the Northwest insisted upon Portland being a candidate for the last meeting of the A. M. A., after the ring had determined upon another place for the meeting, and (perish the thought) even secured such meeting, a walking delegate was sent here, nominally to organize, but in fact to see if he could not find something to criticise. He and the Journal then made the heartless attack upon Oregon of which our readers already know. An attack so cowardly as to be almost unthinkable. "Poor little old Oregon," these assailants evidently thought, "these people way out there can do nothing, and we will show how severe we can be. Others, we trust, will appreciate, and that a word to the wise will be sufficient."

They overlook the fact that every great conflagration with plenty of material at hand has yet had to start in a small place.

The editor of the Medical Sentinel was and is President of the Portland City and County Medical Society. As such officer he helped arrange an itinerary for Dr. McCormack in Oregon and Idaho, and allotted one of the regular sessions of the Portland society to this gentleman. For many years there has been a divided opinion in the local society as to limited or more general membership, in which the editor in his individual capacity has been steadily working for the fullest possible membership. The leaders' opposition to fuller membership had long ago conceded the point and membership has been growing by leaps and bounds for the past two years. The increase last year was 35 per cent. This year, following the A. M. A. meeting, 50 per cent. We believe that Portland has a larger percentage of membership to the total number of doctors than any other city of its size in America!

DIRECTORS WHO DO NOT DIRECT

In the Life Insurance swindle it has been shown that although the names of men the very highest in the land have been attached to reports and other printed matter as Directors and Trustees, almost none of these know anything about the internal workings of the organizations which the public had confidingly presumed such directors were assisting to manage. Of necessity, men living in remote places, far removed from Chicago, cannot be expected to know all that is going on there, and their acts must be largely perfunctory. We would not assume that such men, high in the profession as some are, who are nominally at the head of the A. M. A. Journal, are knowingly doing wrong. Depew, Morgan and other New Yorkers were not charged with knowingly doing wrong. They merely "didn't know." If people in the home city of a corporation cannot keep in touch with an institution, we may expect less responsibility from those a thousand miles away.

The American Medical Association is the greatest scientific body in the world. Its Journal should be the greatest medical periodical and

Digitized by Google

above every suspicion of being used for ulterior purposes by a band of self seekers who may for the time be in control.

THE SELF-EFFACEMENT OF LOCAL MEDICAL JOURNALS

The medical journals of the United States are much to blame, in which the Medical Sentinel admits its own part, in building up the medical ring which now, through the Journal of the American Medical Association, has placed itself pretty thoroughly over and above the whole profession of America, in that their columns have always been freely open to anything which should advance the standing of the Journal. Personal advantage has been entirely put one side, and the medical journals have worked earnestly and continuously to build up the Journal of the A. M. A. into the greatest publication of medicine of the land. The fact that the upbuilding of the A. M. A. Journal was certain to do damage to other medical periodicals was well understood by every medical publisher, but the owners of medical journals put their own personal interests one side when considering the Journal of the A. M. A., which they felt was to be the general organ of a great profession.

Having built up the Journal to its present position, which it could not have attained in any considerable degree without the aid of the general and local medical press of the United States, one of the first things which those who have managed to secure control of the periodical have attempted has been to drive out of business every other periodical in the land. Today, under the present management of the A. M. A., in the journalistic field, the Journal is out with its hand against every man. It is a true Ishmaelite. The Medical Sentinel, standing alone in its own limited field, is free to speak of this phase, for it can not to any great extent be injured by the present methods of the A. M. A. Journal. But whether injured or not, and doubtless it is to be made a special object of the kind of insidious warfare the ring so well knows how to carry on, it shall speak for decency and justice.

IS THE A. M. A. RING "UNBUSTABLE"?

When the ring has "properly routed" itself, then the ukase goes out that the meeting for the next year is to be held at the place selected. When the officers have been picked out, then the gum shoe travels of the political supes begin. In each state effort has been made to see that no one is elected a delegate who is "wrong." With a little judicious peddling of blue ribbons and minor offices, the thing is ready to go.

But does it always go?

Not always.

We remember the report of the Place of Meeting Committee at the last session. It was to be kept secret until presented. If it should be

Digitized by Google

discussed, things might go wrong. Like a lot of unruly children, the delegates—eighty or one hundred men—were calmly told that they would not be informed as to the proposed place of meeting until the very end of the meeting.

Chairman Harris of Chicago, with his patent inside report, was finally ready.

With bated breath the anxious delegates listened.

It should have been a moment for humility for them.

But the delegates wanted Portland. The ukase called for another point.

There were other Chicago doctors in the House of Delegates. One of these was Harold N. Moyer. He is not a member of the Chicago ring. He wanted Portland. Of course our own Northwest delegates were for Portland. Moyer spoke. Mackenzie spoke. Others spoke. A ballot followed.

All but 15 votes out of 84 were against the ring.

Portland won.

This is a fair illustration of what may follow if the delegates take it into their heads to exercise their constitutional rights.

THE HOUSE OF DELEGATES OF THE A. M. A.

Each state medical society meets in its local sovereign capacity and selects one or more members to the national House of Delegates. In America there is no other body where so few men represent so many learned constituents. These one hundred men, picked on account of high standing, personal ability and special fitness for legislative work, bear the responsibility for the welfare of the American medical profession, 100,000 strong. Their relations to the real work of the Association has been permitted by the ring to confine itself principally to such responsibility.

Think of it!

This body of selected men, leaders in their own localities over the land, waiting in their seats or passing time in immaterial discussions and affairs, anxiously looking to the door of the "inner room," from whence from time to time the real orders are to come.

And this condition—a travesty on justice, a mockery upon liberty, a reflection upon the intelligence of the House of Delegates, and a personal insult to every lover of free manhood in that body—is a condition existing in this year of our Lord 1906!

THE SAN FRANCISCO EARTHQUAKE

The misfortune of our neighbors upon the south has again manifested that all peoples are of one blood, so generous have been the contributions from every quarter and every nationality and every avocation, constituents of these United States.

The earthquake, as a matter of fact, was but a mere incident of the dire disaster. The results at Stanford, where the shake was even

Digitized by Google

greater than at San Francisco, but in which fire was escaped, were inconsequential in proportion as to territory involved, to the losses in San Francisco. Portions of San Francisco, in fact, where no damage from the quake were manifested, were swept away by the ravages of the fire, to subdue which, the bursted water mains gave no water.

PORTLAND PHYSICIANS LIBERAL CONTRIBUTORS

Portland physicians were again to the fore in early and liberal contributions in aid of San Francisco sufferers. Portland raised in cash a quarter of a million. Below is a list of contributions given through Dr. Coe, who was appointed by the Chamber of Commerce of Portland to take the subscriptions of medical practitioners. The total is $3000. In addition, as much more was contributed through other agencies by the liberal Portland doctors. In addition, numerous doctors from Portland, with nurses and supplies went upon the field and rendered valuable assistance. The Portland Chamber medical subscribers were as follows: Dr. E. C. and A. C. Brown $1000, Portland Medical Society banquet fund $500, Dr. Andrew C. Smith $250, American Medical Association special fund $215.90, Dr. George F. Wilson $100, Dr. Henry W. Coe $100, Drs. Coe & Gillespie $75, Drs. Darr & Quigley $50, Dr. E. H. Parker $50, Dr. R. C. Coffey $40, Dr. J. H. Montgomery $25, Dr. R. J. Chipman $12.50, Dr. W. H. Boyd $25, Dr. Clarence Nichols $25, Dr. W. I. Cottel $20, Dr. A. E. Mackay $12.50, Dr. W. T. Houser $12.50, Dr. Sanford Whiting $12.50, Dr. Ernest F. Tucker $12.50, Dr. Robert C. Yenney $12.50, Dr. J. F. Dickson $50, Dr. Charles E. Hill $12.50, Dr. Arthur H. Johnson $10, Dr. E. D. Johnson $12.50, Dr. C. W. Cornelius $25, Dr. L. H. Hamilton $10, Dr. J. J. Panton $15, Dr. Ester C. Pohl $15, Dr. W. C. Ransom $10, Dr. W. L. Wood $22, Dr. R. Kelly $2.50, Dr. A. A. Ausplund $5, Dr. E. N. Crockett $5, Dr. F. M. Taylor $10, Dr. W. A. Rogers $10, Dr. E. E. Cable $10, Dr. L. Ricen $10, Dr. E. H. Thornton $10, Dr. William House $10, Dr. G. T. Trommald $5, Dr. Wylie G. Woodruff $5, Dr. Ray Matson $2.50, Dr. Homer S. Keeney $5, Dr. Mae H. Cardwell $10, Dr. W. T. Hubbard $5, Dr. J. A. Gilbert $5, Dr. W. S. Holden $5, Dr. J. S. Moore $5, Dr. C. S. Hosmer $10, Dr. Hamilton Weir $5, Dr. E. A. Marshall $5, Dr. Sanford Loeb $4, Dr. S. H. Sheldon $2.50, Dr. William Boys $2.50, Dr. J. N. Coghlan $10, Dr. J. D. Fenton $10, Dr. George Ainslie $10, Dr. Gustav Baar $10, Dr. G. E. Watts $10, Dr. H. F. Ong $5, Dr. R. I. Marsh $5, Dr. J. O. C. Wiley $5, Dr. J. M. Short $12.50, employes Crystal Springs Sanitarium, by Dr. Gillespie, $40.60; total, $3000.

A DUTY FOR CONGRESS

Some day, after the country gets properly educated as to the necessity of prevention, rather than the cure, of disease, the national funds

Digitized by Google

will be called upon to do more for the Public Health and Marine Hospital Service. This service, always alert and alive to the interests confided to it, has always been undermanned and underpaid. In peace and in war it is called upon to guard the first line of defense—the coast quarantine. When disease has effected an entrance in any manner whatsoever, it has been the duty of this service to assume the responsibility of eradicating the infection and of driving out the foreign enemy, so to speak, from American homes. That the methods of the service have been uniformly successful in these sanitary duties, is a matter of history. Yellow fever was stamped out at Laredo, Texas, in 1903; bubonic plague in San Francisco in 1904; and the last achievement, the practical extinction of yellow fever infection from New Orleans six weeks before the approach of frost, is perhaps the best work of the Service. Yet, notwithstanding this fine record made in dangerous work, the interests of the corps have been neglected by the national congress. Promotion is slow and there are no higher grades to correspond to similar grades in the army and navy medical departments. To obviate this, and to encourage the best sanitary talent to enter the corps, one or two higher grades, above the grade of surgeon, should be added and the older officers, those over 65 years of age, retired.

LEGALIZED MURDER

The Ohio legislature is just now nothing if not erratic. The lower house recently passed a bill legalizing murder, giving it merit under the name Euthanasia. It provides that in cases of incurable disease, etc., death may be brought to pass through the offices of the medical profession. The doctor who sees so many apparently incurable patients recover, will, we believe, be the last to take the responsibility for passing the death sentence under such a law if it shall pass the upper house. We doubt if it will pass.

Dr. Harold N. Moyer, the brilliant editor of Medicine, says this in an editorial of recent date:—

"Euthanasia is a perennial topic of discussion. Generally it has been proposed for idiots, instinctive criminals and the hopelessly chronic insane. In this connection it may have an academic interest, though it cannot have any practical or moral standing. In relation to those affected with chronic and painful diseases which are necessarily fatal it can have no practical bearing. The resources at the command of the physician are now so ample that death can be made painless. The administration of morphia to those in extremis, and who are suffering, has long been looked upon by the laity as a means of shortening life. As a matter of fact, the administration of the remedies for the relief of pain tend to prolong life rather than to shorten it. The skillful physician is almost always able to prolong the life of the incurable and to relieve pain. The passage of such a bill by the Ohio legislature is not only useless because it is of no value, but is immoral and dangerous. It is not only an infraction of the ecclesiastical law, but is contrary to the statute of the common law, which says, 'who so shortens the life of a human being in the peace of the people is guilty of murder.'"

Digitized by Google

THE SURGEON IN RELATION TO THE DENTIST

With Special Reference to the Treatment of Antrum Disease

By JNO. A. DONOVAN, M. D.

Butte, Montana

Oculist and Aurist Murray Hospital, Butte, Anaconda and Pacific R. R. Northern Pacific Railroad

Read before the Butte Dental Society, Butte, Montana

It was with much pleasure and appreciation I accepted your invitation to read a paper before this young, though most progressive, society. I know of nothing that will so stimulate study and research as the conscientious preparation of a paper, nor is there anyone who will benefit by it near as much as the author if he properly prepares it. Aside from the scientific view point, organization is essential to business success. The laboring man is organized to protect himself from the oppression of his employers only, while every physician and possibly every dentist must not only protect himself against the attacks of his patients but still more so against the attacks of his fellow practitioners.

That the physician should be more familiar with dental diseases, all admit, but that the dentist should know more of general pathology is not generally conceded. Dentistry I consider but a specialty in the practice of medicine and, like any other specialty, the thorough knowledge of general pathology and the direct or reflex action physiologically and pathologically of one organ on any other organ or condition should be thoroughly understood to attain the best results in our line, for which we all strive.

H. P. Carlton, D. D. S., in a paper, "Dentistry of Tomorrow," read at last meeting of the A. M. A., says: "Dentistry is a specialty of medicine, but the only specialty not universally requiring the degree of doctor of medicine. Indeed, dentistry should be one of the most important branches or specialties of medicine, for in the mouth begin all those processes of nutrition and metabolism which of recent years have attracted so much attention. Thus far, neither the physician or the dentist has given enough scientific study to this special area of the human anatomy, and neither knows what the other has been doing or learning, or is doing and learning. . . . How are we to remedy this? Give our young men a thorough training. Dentists are specialists only in their own handiwork, but the groundwork is uniform and the demand for individualized education emphasizes the whole difference in our chosen tasks and ignores the similarities. The

Digitized by Google

technique of our branch of the profession, then, appears only as a small variation of the work we all share. The higher the level on which professional specialization begins the more effective it is. And, again, the higher the profession, the more nearly is the whole man working in every act and the more, therefore, is a broad general education necessary."

The broad subject of dentistry in its relation to general health is beyond my province at present. I shall confine my subject to the head alone. In that most universal of all diseases, headaches, the most frequent cause of the persistent recurring form is eye strain, and probably next to this is dental irritation. How often are the so-called neuralgias which have long resisted the physician's treatment, been at nce permanently cured by treating a diseased tooth. Sore throats with nasal complications are frequently the direct result of diseased teeth. Some forms of tonsilitis, especially the swelling of the anterior tonsillar pillar, are due to a diseased molar tooth or gum. I recently referred a little girl to her dentist for the extraction of a badly decayed tooth to relieve a swollen gum and inflamed tonsil and glands on the side of the neck. He refused to extract it, saying it was unsafe. I then advised her to try others; the next one extracted it and all the swelling rapidly disappeared. The modern general surgeon always freely evacuates pus at once wherever found; many dental surgeons apparently overlook the necessity for this procedure in their refusal to operate on these patients.

Dental irritation is not only frequently the cause of reflex ear pains, but inflammation of the middle ear, suppuration, ear discharges and deafness are not infrequently the direct results. Regarding the diagnosis between toothache and earache in a child, it is said that pressure on a gland between the angle of the jaw and the hyoid bone will intensify an earache.

While defective teeth are frequently the cause of poor nutrition in patients and consequently general diseases, vice versa, we must never overlook the damaging effect on the teeth of poor nutrition, depressing diseases, e. g., rickets, syphilis, etc. Here I wish to call your attention to adenoids, hypertrophied condition of the lymphatic tissue in the naso-pharynx, as a very frequent cause of children's diseases. They almost invariably exist in cases of cleft or arched palate, where they are visible by direct inspection. They exist in nearly all children who are mouth breathers, and it has been noted the teeth in these cases are markedly dry. It is probable that the dental caries common in these subjects is in some measure the result of the habit. Lenox Brown says this is a point worthy of the consideration of your profession. Adenoids are responsible for so many disagreeable conditions in children, it is well that the dentist, who frequently sees these patients, should have a general idea of the condition. Many more conditions might be cited, but these are sufficient to accomplish the object of this meeting. This brings me to my subject proper, "Abscess of the Antrum."

As a whole, the dentists may see more of these cases than the

Digitized by Google

rhinologists, yet, the proportion existing numerically between the two professions gives the rhinologist, individually, the opportunity of seeing a greater number. A careful study of authors as to the cause, gives dental irritation all the way from nearly a total down to but a very small percentage. In fact, many surgeons of extensive experience decidedly differ as to its relation to the teeth. One thing is certain, some cases do come from the teeth, some from infection through the nose and some from constitutional disease. I have at present under treatment at least one of each that I feel certain is from each of these causes; also, one resulting from a fractured face and another of uncertain origin. Where a tooth has been suspected as the cause, in my experience, they have frequently been crowned. Let me here digress to say, that in this as in every other condition when you suspect it to be the result of faulty technique, don't be too hasty with an opinion; none of us are likely to ever reach the stage where all our work will be perfect, so let the other fellow have the benefit of the doubt. Nasal polypi are now considered usually the result of some sinus trouble, and in all cases of disease of frontal, ethmoid or sphenoid sinus the maxillary is almost sure to be secondarily involved. In fact, this whole field is now the subject of much study, but certainly any prolonged disease of any of the sinuses invariably gives rise to other nasal complications which may be more serious than the primary one.

Treatment.—Let me first emphasize the importance of specific disease in many of these cases; don't expect these cases to get well and remain so without constitutional treatment. Assuming a positive diagnosis has been made by washing pus out of the antrum through an alveolar opening, the natural opening beneath the middle turbinate or through a canula pierced through the nasal wall beneath the inferior turbinate, we will consider four methods of local treatment; 1. An alveolar opening; 2. An opening through the canine fossa; 3. The second combined with an internasal opening; 4. The thorough opening through the nasal wall.

1. If there are direct indications that a diseased tooth is the cause, it should be removed with all necrotic bone; the opening into the antrum enlarged, washed out and carefully examined with a probe. If this has been the cause and the case is acute, recovery should follow continued washings. When it does not, or when granulation tissue or polypi are found with the probe, a radical operation is necessary.

2. Opening the canine fossa, an incision is made 1 c. m. above junction of gums with teeth, and extends from molar ridge to canine eminence, being about 1 c. m. high by 1½ c. m. long. The whole sinus is then carefully curetted to free it of all abnormal tissue, then swabbed with pure phenol which in a half minute is neutralized with alcohol. This is packed with gauze and must be kept open till well. To obviate the difficulty of keeping this open, the combined method is preferred by many.

3. An additional opening is then made in the inferior meatus of the nose, the anterior opening at once closed and the dressing later removed through the nose and the treatment continued through this.

Digitized by Google

4. The most modern radical operation practiced at present is done through the nose entirely. The anterior portion of the inferior turbinate is removed; with a small trephine, the antrum is perforated about ½ c. m. above the nasal floor and 1 c. m. back of the anterior end of the turbinate. This opening is then enlarged with a drill or burr until a cutting forceps can be introduced, when an opening is enlarged sufficiently to allow inspection and thorough curetment of the sinus. In enlarging this opening, it is well to extend it down to the floor of the nose to give the best drainage. This operation has the advantage of being done under a local anesthetic, giving abundance of room for dressings and the best drainage without the difficulties of keeping the wound open encountered by other methods. This method, having all the advantages with few of the disadvantages of other operations, is the one to be preferred wherever a radical operation is indicated.

Some Points in Anesthesia.

R. H. M. Dawbarn, New York City (Journal A. M. A., April 21), offers several suggestions regarding major anesthesia. In case ethyl chlorid is used as the beginning of ether anesthesia, and the Clover air bag is employed, he advises putitng into the bag two of the 10 c.c. tubes of ethyl chlorid with easily broken drawn out tips, wrapping them in a gauze sponge secured by an elastic band, and then, with the face piece in position, breaking the tip of one through the rubber bag. If this is done, the anesthesia is commenced without any such waste as would follow first breaking the tube and dropping it into the bag. Usually it will not be necessary to break the second tube. He believes the re-breathed lung-warmed ether in the Clover air bag is much less likely to cause ether pneumonia, besides being much more economical. The second point emphasized is the hanging up near lighted lamps or gas jets, when chloroform has to be used, of cloths wet with ammonia. The resultant chemical affinity produces ammonium chlorid and prevents the irritation from the freed chlorin. The third point refers to the administration of an anesthetic during natural sleep. Dr. Dawbarn advises, in case of a child, selecting the usual hour for its daily sleep, entering the room noiselessly, and administering the anesthetic cautiously. The fourth point mentioned is regarding the common advice to remove all artificial tooth plates. He thinks that there are some exceptions to this rule: When the plate is large and the pharynx of only ordinary size, swallowing or choking with the plate in position is out of the question, while if it is removed the cheeks and lips may fall in so as to interfere with the breathing space, especially if there is coexisting nasal obstruction.

When pruritus ani is caused by a local eczema it is well to remember that the latter may be seborrheal in origin. In such cases other areas of the disease, as on the chest and, especially, the scalp, should be sought for; they will require attention also, in order to effect a cure.—American Journal of Surgery.

Digitized by Google

A RATIONAL TREATMENT OF THE COMMUNICABLE DISEASES

By R J. SMITH, M.D.
Smithfield, Utah

In the treatment of measles, scarlet fever, parotitis, pertussis and varicella, some general considerations as a basis for treatment are worthy of mention. All being direct infectious, isolation of the patient is absolutely necessary. Quarantine of these cases, with the exception of scarlet fever, is perfunctory and esteemed unnecessary. All school children should be kept from school, the patient should be isolated from the rest of the family, the nurse only being allowed in the room during the duration of the disease, or until desquamation is completed. The adult members should not visit in families where there are children and public schools should be fumigated frequently during the presence of an epidemic, and closed if epidemic assumes alarming proportions.

Measles is one of the most important of the diseases of childhood, and its mortality rate in epidemics high. A systematic effort should be made by local Boards of Health of the different states to promulgate the knowledge that this disease is not the mild affair usually considered by the laity, but one of the most serious of all communicable diseases. Its sequels are so fatal, its relation to tuberculosis so important that more determined efforts should be made to prevent the occurrence of epidemics.

The diagnosis of measles is comparatively easy. The prodromal symptoms. the conjunctival, nasal and bronchial irritations being pronounced. Minute examination of suspected cases will show from one to seven days before the rash, small, irregular bright red spots with a bluish white center (Koplik spots) on the buccal and labial mucous membranes. The prodromal stage is much longer than that of scarlet fever, and the latter presents the severe throat lesions, strawberry tongue and character of eruption.

Rubella, German measles, is milder, has no prodromal stage, but may show coryza and sore throat with enlarged cervical glands. Very often the rash is the first symptom of illness. Incubation stage is long, 21 days. Initial vomiting is frequent.

Varicella shows no prodromal symptoms, the rash being often the first sign of trouble. The eruption is never confluent, consisting of papules passing into vesicles and then pustules. Incubation period is 17 days.

The communicable diseases are of a highly infectious nature and sequels are common. Following measles, lung complications are most

Digitized by Google

frequent, very fatal in children under 3 years of age. Otitis media is the next most serious complication.

Kidney lesions are most often associated with scarlet fever; otitis a close second.

Treatment must be directed against the tendencies of each disease to cause complications. A very mild attack carelessly treated may prove rapidly fatal.

Usually, in mild cases, rest in bed with a restricted diet, plenty of fresh air, freedom from draughts and pure water in abundance, with small doses of aconitine amorphous to equalize the circulation are all that are necessary. Watchful care after the patient is allowed up is important to prevent undue exposure and "catching cold." Elimination should be promoted in every case. saline laxative preceded by small divided doses of calomel being efficient. The skin should be kept active and the eruption brought out rapidly, using hot packs if necessary. A mouth wash and nasal and throat antiseptic spray should be freely used.

For the infectious element, calcium sulphide should be freely given, gr. 1-6 to 1 being administered every hour until the breath smells strongly of the drug, and then less often to keep up the saturation. This preparation must be an active one to be effective, and is harmless in any ordinary quantity and may be prescribed for a prolonged period without any ill effects. If given early before the rash appears, or immediately after known exposure to the infection of any of the communicable diseases, this drug will prevent the development or render the disease a very mild and a very short affair. This is not *a priori* reasoning, but an assured fact. Calcium sulphide acts as a systemic antiseptic, the active agent being sulphureted hydrogen set free in the blood.

For the coryza and bronchial irritation of measles, atrophine sulph. 1-500 gr. every two or three hours will relieve; for the cough, codein sulph. gr. ⅛ as required or the anodyne granules one to three as needed to relieve. Cold applications are not safe, bathing with lukewarm solutions of antiseptics being efficient in reducing temperature.

For the pruritus, antiseptic ointments are indicated; also during the desquamative stage.

For scanty urine, lithium benzoate gr. 1-6 every hour or two in hot solution will act promptly. For nephritis, hot packs and hot drinks to produce diaphoresis, with arbutin gr. 1-6, lithium benzoate gr. 1-6 in hot solutions every two hours, and dosimetric trinity in asthenic, defervescent compound in sthenic cases, to reduce temperature and relieve congestion. After the acute congestion of the kidneys is relieved, a stimulating diuretic of infusion digitalis, liq. ammon. acetatis may be indicated. If dropsy is marked, active catharsis should be procured by compound jalap powder, or in young children, cream of tartar lemonade may be substituted. Iron in some form must be prescribed to combat anemia. If diaphoresis is hard to produce, a hypodermic of pilocarpine muriate, gr. 1-60—1-20 may be given, effects

Digitized by Google

carefully watched, too great depression or internal sweating (edema of lungs) being counteracted by atropine.

In parotitis, metastases occur frequently in the genital and mammary organs, and here early saturation with calcium sulphide will lessen the tendency for infection of these parts. Isolation is just as important in this disease as in any of the others. Warmth to the affected glands with ichthyol ointment, a mild febrifuge such as aconitine, elimination and the internal antiseptic will shorten the course.

Pertussis is usually epidemic, characterized by catarrhal inflammations of the respiratory tract, with marked spasmodic cough ending in the "whoop." It is directly contagious and frequently follows epidemics of measles. In young infants the whoop may be absent, but the preceding catarrhal fever with spasmodic cough and the pink underlid (Dr. Auders) with puffiness of face are usually diagnostic, especially in presence of an epidemic.

Recognized early, it is possible to abort the disease in the catarrhal stage. Spraying the nares and throat with an antiseptic solution, as formalin 1 to 3000, ac. carbolic 3 per cent, hydrogen peroxide 50 per cent, frequently will remove the infective organisms, and in conjunction with calcium sulphide, will give the best results in treatment. For the spasmodic stage, atrophine 1-500 gr. every hour until relief or full physiologic effect is highly beneficial. The patient must be isolated and the room kept well ventilated, and the air moist with steam from an open vessel containing some reliable antiseptic in solution. Nutrition must be forced.

In varicella, calcium sulphide is the basis of treatment. Ichthyol in 10 per cent ointment is useful to prevent pitting and relieving pruritus.

In general, thorough elimination and saturating the system with the systemic antiseptic are the two most important principles of treatment of these diseases. This treatment is logical and rational and simple; moreover, it is effective.

Accuracy in Dietetics.

Dudley Roberts, Brooklyn (Journal A. M. A., April 21), remarks on the common neglect of accurate regulation of diet by the physician and accounts for it by assuming that the matter has never been presented in practicable form. Food weighing is out of the question in ordinary practice, and the directions should cover what is actually eaten, not what is served, or serious mistakes will be made. He, therefore, presents a table giving the actual quantities in the ordinary household measures, and the number of calories and grams of proteid contents to each measured spoonful, glass or dish of the different foods as offered for consumption, with such additional remarks in each case as seems needed. For patients requiring accurate regulation of diet, this table will come into play and will also enable the physician to calculate with reasonable accuracy the amount of nutrition that has been taken and to note the facts in connection with the symptoms observed.

Digitized by Google

NASAL OBSTRUCTION

By J. P. GORAY, M. D.

Read Before the Portland City and County Medical Society. April 4, 1906

The subject of nasal obstruction is one that has been sadly neglected, until recently. More attention is being now paid to it, and it is to be hoped that soon its great importance will be duly appreciated, not only by the medical profession, but also by the laity.

Before considering the pathological condition of the nose, it is well to briefly consider some of the salient points in its anatomy and physiology.

The nasal cavity is divided into two equal, or almost equal, parts by the septum, which is partly bone and partly cartilage. From the inner side of the outer nasal wall are three turbinated bodies, which run inwards and downwards towards the septum. The cavity and all these bodies are covered with mucous membrane, which, if spread out flat, would cover a very large surface.

Erectile tissue of a venous structure is found on the lower turbinate, on the edge and posterior end of the middle turbinate, and on the septum opposite the anterior end of the middle turbinate. This tissue is ordinarily contracted, but when engorged with blood, it can completely block the nostril.

Adjoining the nasal cavity and directly connected with it are air cells and air sinuses; the cavity is connected by a passage, with the orbit, and the mucous membrane of the nose is joined to the conjunctiva by the lachrymal duct.

Posterior to the nose is the naso-pharynx, with its opening into the pharynx, and with the orifices of the Eustachian tubes.

There is direct communication between the olfactory region and the basal lymph channels. The internal veins empty into the sphenopalatine and ethmoidal veins, and communicate with the cavernous plexus and longitudinal sinus. The functions of the nose are respiration, olfaction and phonation.

The inspired air is partly freed from dust by the vibrissae, the stiff hairs at the vestibule; the rest of the dust is collected by the mucus as the air passes over the extensive surface of mucous membrane, which also warms and moistens the air, and, by its ciliae, which create an outward current, is always endeavoring to thrust out foreign matter. In order to come in contact with as much mucous membrane as possible, the inspired air, instead of passing along the floor of the nose, takes an elliptical course from the vestibule, over the middle and superior turbinates, along the roof, and beneath the sphenoidal sinus

Digitized by Google

into the naso-pharynx; then, continuing in its gentle curve, it enters the pharynx and larynx.

When air is inspired through the mouth, it goes straight back till it strikes the posterior pharyngeal wall, and then turns at a sharp angle to enter the larynx. It is a physical fact that more air can be inspired through the normal nose alone, with its gently curved passage, than through the mouth alone, with its angular passage; and, furthermore, it is a physiological fact that enough air cannot be inspired through the mouth alone to enable all the functions to act normally; nor when so inspired is it cleansed, and warmed and moistened, in the manner it is prepared for its entrance into the lungs when inspired through the nose.

When nasal respiration is interfered with, not only do local troubles set in, but also troubles to the adjoining structures, as the sinuses, the eyes and ears, and brain, together with those of a general character, all of which are of a gravity in proportion to the degree of obstruction, to the duration of its existence and according to the age of the individual at which the obstruction began.

Nasal obstruction produces diminished ventilation of the lungs, with its sequelae, anaemia, lessened power to resist infectious diseases; in severe grades, a permanent increase of residual air, with production of emphysema—deformed thorax—and insufficient aspiration of venous blood and lymph streams, especially in the skull.

This interference with the circulation produces symptoms of such a character that the original trouble may not be suspected, as feeling of fullness and of heat in the head; pressure in the head, sometimes aggravated by actual pain; disinclination to work; physical depression, or actual mental confusion, inability to concentrate one's thoughts.

Nasal obstruction produces its worst effects on the young. The nursing infant with this trouble soon pines away if the obstruction is not speedily removed, for it cannot breathe while feeding, and consequently will refuse to nurse.

The importance of the effect perfect nasal respiration has on the regular formation and shape of the nasal cavities, thereby controlling the facial expression, cannot be over-estimated. Observation shows that individuals who in childhood had perfect respiration, have a regularly formed upper jaw and regularly formed teeth, with perfect facial contour, whereas those who had imperfect respiration show the opposite.

The free passage of air through the nostrils has much to do with the development of the nasal fossa, the formation of the superior arch, and the symmetry of the facial bones.

The principal development of the accessory sinuses begins after the completion of the first dentition. The antrum as far as the orbit is practically filled with odontoblasts. When the nose is obstructed at this period of life, the antrum does not properly develop, there is irregular formation of the maxillary arch, with unevenness in the development of the teeth, causing their eruption high up in the alveola process, or, if placed in the arch, causing crowding and irregularity. If the

Digitized by Google

eruption occurs high up, it will add to the protrusion of the upper lip, thereby increasing the facial deformity.

The air pressure in the nostrils in obstruction becomes negative, and so the palate is forced upwards, causing in some cases an extremely high vault. Many of the sufferers have peculiarly expressionless countenances, protruding upper lips and receding chins. The mouth is generally open, but when the obstruction is slight the patients breathe tnrough the nose when awake, but through the mouth, with consequent snoring, when asleep. The mental hebetude and inability to concentrate the attention are the result of a number of conditions. Some of the dulness is due to the associated deafness. The patient easily tires, is irritable, peevish, and bad-tempered; he is frequently round-shouldered, narrow-chested, or chicken-breasted, with the freedom of the lungs limited.

The worst feature of developmental deformities is that unless perfect nasal respiration is established early in life, at the fifth or sixth years, surely before the seventh year has passed, the bony and cartilaginous framework become so formed that little can be done towards increasing the nasal space for breathing, and the individual will of necessity become a mouth breather for life.

When the obstruction occurs in adult life there is an absence of developmental deformity, but the symptoms of obstruction, together with the associated troubles are present.

There is alteration in the character and tone of the voice; the enunciation and pronunciation, especially of consonants, are faulty, thus leading in many cases to stammering and stuttering.

Earache and deafness are prominent symptoms, accompanied at times by infection of the middle ear. Frequently there is frontal headache; the eyes are dull, and there are repeated attacks of conjunctivitis. The cause of many cases of iritis and of glaucoma could frequently be found in the pathological changes due to nasal obstruction. Many cases of keratitis and of corneal ulcers cannot be prevented from recurring until the nose is freed from obstruction, and so from contributing infection.

Perhaps the most common cause of nasal obstruction is the presence of adenoids. Many a child is ruined in health, deformed in body and in features, and is of a dull intellect who might by proper and early treatment become strong, healthy, active, bright and happy. It is sad to contemplate that many parents are unaware of the cause of their child's infirmity, sadder to learn that some of those who are rightly informed of the cause refuse to have the proper remedy applied; but saddest of all to know that there are some doctors of medicine who advise that the operation be postponed until the child is older, or that it be not done at all, stating that the child will outgrow the trouble. Such advice is nefarious, for the time to operate is as soon as the diagnosis is made, and though it is true that the adenoids in many cases shrink, yet it takes years to do it and irreparable injury is done in the meantime.

With the patient under mild anaesthesia, the adenoids are removed

Digitized by Google

by biting forceps, followed by the curette, or the curette can be used alone. In the haste and excitement of the operation great care must be taken not to bite off the uvula or the posterior end of the vomer. Sometimes it is necessary, in finishing, to introduce a small curette through the nose to remove tissue situated in the choanae and in the recess of a high vault; this is done under the guidance of a finger of the other hand in the naso-pharynx. The finger alone should be used about the orifices of the Eustachian tubes, and finally the finger should thoroughly explore the parts for any remnants, and when found they can be scraped off by the finger nail.

The patient should not be thoroughly anaesthetized, that he may be able to swallow instead of inspiring the blood. The hemorrhage is copious, but the more thorough the operation, the less the bleeding.

As there are generally enlarged tonsils which contribute to the obstruction, they should be removed, before operating on the adenoids. Many persons refuse to have these large disease-breeding tonsils removed, on the ground that they fear the voice will be injured. This is true only when the operation is incompletely done, leaving a large raw tonsillar mass between the pillars, which on healing, binds all together and so greatly restricts the motion of the soft palate, which takes such a prominent part in phonation. But if all tonsillar adhesions are first freed, and the tonsils are then removed entirely, the pillars will have freer motion than before and the voice will be much improved.

Adenoids and pathological tonsils should be removed also, for the reason that they are cause of enlarged cervical glands, followed by abscesses and hideous operative scars. All this is avoided by prompt attention to the adenoids and diseased tonsils.

Deflected septum narium is a frequent cause of nasal obstruction; when it is due to injury, there is generally some external deformity. It is a fairly common occurrence to find that a deflection has been mistaken for a spur, and that attempts have been made to remove it by sawing, thus weakening the part and increasing the deflection. Such mistakes are really inexcusable, for an inspiration of the opposite side will reveal a concavity, corresponding to the convexity. The deflection can be remedied by the crucial incisions of Asch, and overcorrection of the part, followed by wearing a nasal splint for four or five weeks.

Another method, and one that is being done more and more, is to cut out all the deflected cartilage and bone, through a slit in the mucous membrane on one side, without injuring that of the other side. The mucous membrane hangs down in the median line, and in a few months begins to stiffen. No case of sunken nasal bridge has been reported, although it is about eighteen years since the first operation was done.

Ofter the obstruction is due to the turbinates filling the nasal cavities; the external nose may be the ordinary size or even extra large, yet the turbinates may be so enlarged as to cause obstruction; or the turbinates may be of normal size, but obstructing the passage because the nose is small and undeveloped. The lower turbinate can be cauterized, pre-

Digitized by Google

ferably submucously, in a longitudinal line. When the middle turbinate is at fault, it is generally sufficient to snip off its anterior end with scissors and cold wire snare.

A frequent cause of chronic enlargement of the turbinates is uric acid poisoning; and it usually yields to proper treatment for eliminating the poison.

Spurs on the septum are frequent causes of obstruction, and in such cases they should be removed. The mucous membrane should be peeled up; the cartilaginous or bony mass should be removed by chisel or by saw; then the mucous membrane is turned down back into place.

The removal of the mucous membrane, together wtih the spur, thus leaving a large raw surface to cicatrize over, is very bad treatment.

Nasal polyps are frequently the cause of obstruction. Atlhough found throughout the nasal cavity, the usual site is on the middle turoinate bone. A polyp is paler than a turbinate, for which it may be mistaken, and as it does not contain bone, as does the turbinate, it feels soft. They, together with that part of the turbinate from which they spring, should be removed; in this way, recurrence of the growtn is prevented.

Care should be taken in all nasal operations to preserve as much mucous membrane as possible, and to prevent the formation of adhesions between the different parts.

Our responsibility in giving proper advice and treatment of nasal obstruction is very great, especially in regard to the young, whose care is in the hands of others. With what great pleasure do we behold the wonderful transformation from the sickly, stupid child to one of bodily and mental health and vigor.

What a vast amount of happiness is created; what great improvement is produced in the body and mind; how much sickness and ugliness and how much suffering and crime are prevented. How exultant is your patient because he breathes now with pleasure, as he had not done before for years! That he is now clear-headed and free from his frequently recurring colds and other ailments!

The pleasure in all cases, I am sure, is mutual.

The Automobile for the Physician.

In the illustrated Automobile Number of the Journal A .M. A., April 21, several score physicians give their experiences and their conclusions as to the practicability and economy of the automobile as a physician's vehicle. Although some speak unfavorably, the general opinion is that the automobile is easier, pleasanter, faster, and little, if any, more expensive than horses. Some physicians find the auto a great saving in money. The general testimony is that automobiles of the runabout style, such as physicians want to use in practice, are not made as strong, durable, powerful, simple, reliable and cheap as they can be, and should be, and that there is an opportunity for some company to enter this field—presumably a company whose factory is not already preoccupied filling orders for large cars for persons of leisure.

Digitized by Google

ENDOCARDITIS AS A RESULT OF GONORRHOEAL INFECTION

By E. R. NORTHROP, M. D.
Visiting Physician to St. Luke's Hospital, Spokane, Wash.

The rare occurrence of endocarditis as a sequel of gonorrhoeal infection has prompted me to report a case of undoubted cardiac complication with associated cutaneous rashes and joint involvment produced in a young man twenty-one years of age, in which certain peculiarities of the case deserve notice.

From the serious aspect which his condition assumed, the infrequency of the detection of the cardiac manifestations in comparison with the frequency of gonorrhoea, leads me to believe that such cases occur much more commonly than we are aware of, and unquestionably should be considered in the etiology of chronic valvular diseases of the heart.

The patient, a mechanic by occupation, had always enjoyed excellent health, never having had any diseases other than those of childhood. He was a moderate user of tobacco and malt liquors, had never until the present time contracted any venereal disease. An important point in his history being that he had never been afflicted with rheumatism in any of its forms.

He presented himself to me with an attack of acute anterior specific urethritis of two days' duration, and of the ordinary type. Alkali medication and urotropin internally was prescribed with daily irrigations of Argyrol solution, the disease running the usual course of the acute specific infection.

Ten days after the onset of the disease he was suddenly seized with an acute pain in the shoulder joint of the left side, accompanied by chills, high fever, intense headache and rapid pulse, followed in a few hours with the involvement of the elbow and wrist joint of the same side, and an extremely painful angina, the throat showing a dusky, red, swollen area involving the entire fauces and extending deeply beyond the tonsils.

The shoulder joint was badly swollen, of a dusky, red, bluish color, the slightest movement causing excruciating pain. Micturition was both difficult and painful and altogether the patient was rapidly prostrated by the acuteness and severity of the disease.

Upon admission to the hospital his temperature was recorded as 103.5, pulse 116, respirations 26, tongue heavily coated, lips covered with herpetic vesicles, and slight delirium. Examination of the heart showed that the sounds were clear, volume normal, second sounds somewhat accentuated, superficial and deep cardiac areas normal. The gonorrhoeal discharge had lessened and the testicle were free from

Digitized by Google

pain. Local applications of Methyl Salicylate and Ichthyol ointment, Sodium Salicylate in daily doses of one drachm, with morphine for relief from pain, produced a progressive amelioration of the acute symptoms and upon the sixth day the temperature had dropped to normal, pain had almost disappeared, the swelling had noticeably diminished, redness had departed, the peri articular oedema had subsided, and the function of the joint nearly restored, and we were reassured upon the question of two points, viz: that purulent arthritis had not developed and probable ankylosis had been avoided.

The young man's comfort was of short duration. Upon the fourteenth day after his admission the temperature again rose rapidly, the elbow joint of the right side became involved if anything more exaggerated than on the left side at the onset, and in as much as after one week's faithful trial of local applications and the continued administration of the salicylates, it still persisted in its pronounced pain, swelling, etc., it was cauterized and immobilized in a metallic splint in a semiflexed position. Under this treatment the patient again improved, the joint symptoms abating, leaving, however, a small area of softening which necessitated opening, the discharge showing the presence of the gonococcus.

For four days following, the temperature remained normal, when it again rose rapidly and remained high for several days, its fall being characterized by a well-marked erythematous, slightly papular eruption generally distributed over the entire body.

The heart showed at this period a soft murmur at the base, systolic in character and apprehension as to approaching cardiac trouble was realized. The cutaneous rash persisted, but no subsequent joint complications appeared. Careful examination of the lungs and pleura failed to detect anything wrong.

Inasmuch as an alteration in the sounds of the heart is an unmistakeable sign of endocarditis, particularly in the muffled second sounds, plus the soft, systolic murmur at the base presenting the usual characters of functional souffles, and in addition that this case rapidly showed evidence of an enlargement of pericardial dullness, it was conclusive that we had to deal with a grave case of endocarditis of an ulcero-vegetating nature clearly due to the influence of the gonococcus.

Potain has shown that although our knowledge of this form of endocarditis is still very imperfect, it is because authors do not agree as to the signs and symptoms of endocarditis. A blowing murmur in the cardiac region is by some investigators considered positive evidence. It is believed that this opinion is erroneous and that the only certain sounds lie in the muffled character and successive transformation of the cardiac sounds.

In this case we clearly recognized the fact that simultaneously with the development of the endocarditis the so-called souffles disappeared.

It must be admitted that endocarditis may be and is frequently a troublesome complication of gonorrhoea, and is probably due to the

Digitized by Google

various alterations produced at the valves of the heart, as the result of the attack upon the vascular system by the gonococcus.

These cardiac manifestations which accompany gonorrhoeal rheumatism are apparently amenable to the influence of the salicylates. Although it is useless in the chronic forms of gonorrhoeal rheumatism, in the acute stages of the disease it seems to be the only remedy that we have that can be relied upon.

Believing, therefore, that the cardiac complications as shown in this case are more frequent than generally believed, that the consequences of gonorrhoea are more numerous than usually recognized, the disease is all the more to be feared for the reason that it is looked upon as a trivial ailment, local in character and not systemic, an innocent affair for which it is not even necessary to seek a physician. Although the complications in this case could not by any means of which I am aware have been prevented, inasmuch as the urethritis was attacked vigorously at the onset, the practical lesson we should learn from this case is to declare war against gonorrhoea.

Glandular Fever.

H. Schiller, Chicago (Journal A. M. A., April 21), refers first to a previous publication (see Journal A. M. A., Aug. 5, 1905), and reports six cases in addition to the five before published by him under the title of "Pfeiffer's Glandular Fever." These cases, he states, do not correspond exactly with the cases described by Pfeiffer. The cases Schiller reports are well characterized; the most striking symptom is the sudden swelling of certain glands in the neck, not usually painful or tender. One patient had chills, headache, pains in the abdomen and back, and some vomiting. In all cases there was some pain in the throat, but not so severe as in ordinary tonsilitis. Three of the patients had acute hemorrhogic nephritis as a sequel, as severe as that following scarlatina. The spleen and liver were somewhat enlarged in all cases, and the long duration of the swelling and slow absorption were characteristic. Suppuration occurred in three cases. In one case influenza bacilli were found alone, in another streptococci alone and both together in a third. The disease had the characteristics of an infectious fever, with suggestion of contagion in some cases. The prognosis was good in all.

Pyonephrosis.

In the case reported by C. H. Stackhouse, Wilkesbarre, Pa. (Journal A. M. A., April 21), the condition became so serious that the kidney was opened and anchored to the abdominal wall. A little later, the obstruction continuing, filiform bougies were passed down the ureters and drainage established through the bladder. Obstruction appeared twice later, but was spontaneously relieved and the wound finally closed permanently. No conclusion was reached as to the cause of the condition; it may have been a congenital hydronephrosis, a twisting of the ureter or a pyelitis. The treatment after the operation was largely symptomatic.

Digitized by Google

Medical Societies

Oregon State Medical Association.

The 32nd annual meeting of the above association will meet at the Knights of Pythias Hall, in the Marquam Building, on May 15th and 16th. The House of Delegates will meet at 10 A. M. May 14th.

Following is the program of the meeting:

Tuesday, May 15—Morning Session, 10 O'Clock.

Meeting called to order by the President.

Reading minutes of last meeting.

Address of Welcome—Harry Lane, M. D., Mayor of Portland.

Report of Treasurer.

President's Address—George F. Wilson, Portland.

1. "The immediate necessity of state and government control of tuberculosis"—J. P. Tamiesie, Hillsboro.

Discussion opened by E. A. Pierce, Portland.

2. "The tuberculosis problem; its solution is in its early recognition and treatment at home by the home physician"—Alfred Kinney, Astoria.

Discussion opened by B. A. Cathey, Corvallis.

3. "Cerebro-spinal meningitis"—Emil Pohl, Portland.

Discussion opened by G. S. Hicks, Tacoma.

4. "The relation of the physician to some requirements of the State Board of Health"—S. T. Linklater, Hillsboro.

Discussion opened by R. C. Yenney, Portland.

Afternoon Session—2 O'Clock.

5. "The character of the recent typhoid epidemic in Eugene"—W. L. Cheshire, Eugene.

Discussion opened by Jas. F. Bell, Portland.

6. "Astasia Abasia"—Jos. O. Hirschfelder, San Francisco.

Discussion opened by H. W. Coe, Portland.

7. "Treatment of ununited fractures"—H. B. Luhn, Spokane.

Discussion opened by W. H. Skene, Portland.

8. "Clinical observations in myomectomy"—Andrew C. Smith, Portland.

Discussion opened by J. W. Bean, Tacoma.

9. "Puerperal Eclampsia"—E. B. Pickel, Medford.

Discussion opened by S. E. Josephi, Portland.

10. "Gastrectasis; its causes and relief"—K. A. J. Mackenzie, Portland.

Discussion opened by Park Weed Willis, Seattle.

Wednesday, May 16—Morning Session, 10 O'clock.

11. "Proprietary Medicines"—J. A. Pettit, Portland.

Discussion opened by W. A. Trimble, Albany.

12. "Renal Calculi"—W. H. Byrd, Salem.

Discussion opened by J. S. Fulton, Astoria.

13. "The importance of functional diagnosis of renal disease"—George S. Whiteside, Portland.

Discussion opened by C. J. Smith, Pendleton.

14. "What is dementia praecox"—W. T. Williamson, Portland.

Discussion opened by J. Allen Gilbert, Portland.

Election of officers.

Afternoon Session—2 O'clock.

15. "Reproduction of bone after op-

Digitized by Google

erations for necrosis"—W. J. May, Baker City.

Discussion opened by Frank M. Brooks, Silverton.

16. "Importance of diagnosis in abdominal disease"—R. C. Coffey, Portland.

Discussion opened by H. M. Read, Seattle.

17. "The use and limitation of law in controlling the social evil"—G. S. Peterkin, Seattle.

Discussion opened by A. E. Mackay, Portland.

18. "The state medical laws from the standpoint of one of the examiners"—W. E. Carll, Oregon City.

Discussion opened by William Jones, Portland.

19. "Gall Stones"—E. B. McDaniel, Baker City.

Discussion opened by Fred Essig, Spokane.

20. "The causes of disease and how to prevent them"—H. M. Shaw, Ashland.

Discussion opened by Geo. E. Houck, Roseburg.

The proposed banquet to have been given by the City and County Medical Society of Portland in honor of the guests and members of the Oregon State Medical Association has been abandoned, owing to the urgent need of funds in the relief of San Francisco.

A meeting of the State, County and City Health Officers will be held in the "Knights of Pythias" hall Monday afternoon at 2 o'clock, May 14th, 1906.

The officers of the Association are as follows: Geo. F. Wilson, M. D., Portland, President; M. H. Cardwell, M. D. Portland, Vice-President; W. H. Byrd, M. D., Salem, Second Vice-President; W. L. Wood, M. D., Portland, Third Vice-President; Jessie M. McGavin M. D., Portland, Treasurer; L. H. Hamilton, M. D., Portland Secretary.

Councillors: S. E. Josephi, M. D., Portland; W. F. Amos, M. D., Portland; W. J. May, M. D., Baker City; J. S. Fulton, M. D., Astoria; W. T. Williamson, M. D., Portland; Wm. House, M. D., Portland; C. S. White, M. D., Gervais; R. C. Coffey, M. D., Portland; S. T. Linklater, M. D., Hillsboro; H. W. Coe, M. D., Portland.

Arrangement Committee: Andrew C. Smith, C. H. Wheeler, Geo. B. Story, L. H. Hamilton.

Report.

To the Members City and County Medical Society of Portland:

We, your Committee on Invitation, appointed at the last meeting of your society with instructions to seek out new members for the Portland Medical Society, upon a broader basis than heretofore, beg leave to report that we have had several meetings and devoted time and patient care to the subject.

The work laid upon this committee was of a most delicate character, from which, however, the members have felt no desire to shrink. Membership by invitation is quite another thing than through the voluntary application for membership upon the initiation of the applicant. Having, in furtherance of your instruction, invited the applicants herewith to make application for membership, we feel that the list as a whole should receive affirmative treatment at your hands.

With the time at our disposal it has been impossible to see every qualified and reputable physician in Portland, not members of the society, and in no sense is this list to be taken as an indication that all outside are unworthy. Some whom we might have seen are out of the city. Others, be-

Digitized by Google

lieved to be suitable for membership, were not sufficiently known to the committee to warrant our invitation. Others in the city could not be located when sought. Some were not ready to make application for membership. We feel, however, that the committee has made a good start in the matter. That there are as many more yet remaining outside of the society who might with great value to themselves, the society and the public yet be brought into the Portland Medical Society we feel assured.

The list of names:

Gustav Barr,
O. C. Blaney,
Ernest Barton,
Herman Biersdorf,
O. F. Botkin,
C. F. Candiani.
C. T. Chamberlain,
M. J. Denny,
C. A. Macrum,
Hamilton Mead,
O. P. S. Plummer,
C. H. Raffety,
David Raffety,
N. C. Ransom,
J. J. Sellwood,
Mary T. Cole,
Clara I. Darr,
Ella K. Dearbourn,
E. E. Van Alstine,
G. W. Tamiesie,
O. A. Thornton,
J. C. Twitchell,
D. Grant,
E. A. Pierce,
Calvin S. White,
Anicia J. Myers,
Margaret Quigley,
A. E. Rockey,
J. A. Merriman,
T. C. Humphrey,
Florence Sharp Manion,
Chas. Billington,
F. G. Uhlman,
Hamilton Weir,
Richard Newbauer,
J. B. Moore,
S. P. Briggs,
R. P. Robbins,
Herbert Nichols,
G. H. Ostrander,
W. Rogge,
J. B. Roth,
G. T. Trommald,
Sandford Whiting,
W. G. Woodruff,
F. W. Brooke,
Daniel Grant,
J. H. Hickman,
Wm. F. Hubbard,
Henry C. Jefferds,
Marcus B. Marcellus,
A. S. Nichols,
C. L. Nichols.

The foregoing have been unanimously endorsed by us for membership in the City and County Medical Society of Portland.

HENRY WALDO COE,
Chairman.
E. F. TUCKER,
A. C. SMITH,
A. F. DICKSON.
K. A. J. MACKENZIE.

The above list of physicians were duly elected members of the society.

Portland City and County Medical Society.

The regular meeting of the Portland City and County Medical Society was held in the Commercial Club on April 4th. Thirty two members and two visitors were present. Dr. Coe in the chair. The minutes of the last meeting were read and approved. The application of Dr. G. H. Ostrander, U. of O. Medical Department, 1904, was read and referred to the Board of Council.

Dr. J. S. Goray then read the paper

Digitized by Google

of the evening, "Nasal Obstructions," which paper is published in this issue of the Medical Sentinel.

Discussion.

Dr. Nunn had very little to add; considered that the habit of mouth breathing was often very difficult to cure, even after removal of adenoids and enlarged tonsils. The lower turbinate bone should be left alone if possible, but the middle turbinate has less important function and so can be partially removed without harm. There are various methods of removing septal spurs and the operator should use the one he is most used to. Reported a case with indefinite mastoid symptoms where an examination of the nose showed that the middle turbinate impinged on the septum; this projection was removed with entire relief of previous symptoms.

Dr. Hamilton asked if adenoids are prone to recur after removal.

Dr. Flagg, of Vancouver, stated that chest expansion is greater with nose breathing alone than with a combination of nasal and mouth breathing.

Dr. Goray in closing said that he had addressed his paper largely to the general practitioner, and had discussed the features of nasal obstruction which they are most likely to see. Adenoids will very rarely recur unless they are not thoroughly removed.

Cases.

Dr. Nunn reported a case of iritis in a patient of rheumatic tendency. He had had several previous attacks; within 24 hours after the development of this last attack patient had a severe attack of tonsilitis, which took its usual course, while the iritis disappeared within three days.

Dr. Dickson has seen recently several cases of tonsilitis which began as the follicular type; later an exudate formed which pealed off easily without leaving a bleeding surface. Bacteriological examination showed no diphtheria bacilli only streptococci. In two cases the naso pharynx was involved.

Dr. House mentioned a case where the uvula and both tonsils were enormously swollen. Streptococci only were found. Antitoxin was used and the condition cleared up within a few days.

Dr. Mary Parker reported three similar cases with high temperature and great prostration. Bacterial examination negative for diphtheria.

Dr. Buck and Dr. Swensson also reported similar cases.

Dr. A. C. Smith reported a case of appendicitis. On operation the appendix presented, was markedly distended. It was simply a peritoneal sac, for the mucous membrane and muscular coat were practically gone. The patient had repeated frequent attacks of colic without fever and there had been no pain on pressure except during attacks.

Also reported a case of marked gastroptosis in which posterior gastro-enterostomy was performed with entire relief of symptoms and great gain in weight.

Dr. Hamilton announced that the next annual meeting of the State Society would be held on May 15th and 16th. The President had appointed a committee on program—Drs. A. C. Smith, Wheeler and Story. The committee wished any members who desired to read papers to hand in the titles within a week. He also asked if the City and County Society intended to entertain the State Society.

Dr. A. C. Smith moved that the last meeting of the City and County Society, on May 16th, be a regular meeting, and that an adjourned meeting be held the following Wednesday,

Digitized by Google

May 23rd, to elect officers for the ensuing year. Seconded and carried.

Dr. Buck moved that the City and County Society tender a banquet to the Oregon State Medical Society. Seconded and carried.

Dr. House moved that the President appoint a committee of three to confer with a committee from the Oregon State Medical Society regarding arrangements for the banquet. Seconded and carried.

The chair appointed on this committee Drs. House, Tucker and Mary Parker.

Dr. A. C. Smith spoke regarding the political situation and was very sorry that the Society had not taken the matter up earlier. He mentioned as candidates for the House, Dr. Thornton, Republican, and Dr. Wells, Democrat. There might also be one or two other physicians who might be elected to the House, but none who were candidates for the State Senate.

Dr. Tucker spoke about enlarging the Society by appointing a committee to look over the list of physicians in the County with the idea of asking all those found eligible by this committee to join the Society. He then moved that a committee of five be appointed, of which the President of the Society should be Chairman, to bring in a list of eligible candidates for membership. After considerable discussion of this motion by Drs. Coe, Binswanger, Tilzer, Hosmer and Goray, the motion was carried. Dr. Coe appointed as members of this committee, with himself, Drs. Tucker, K. A. J. Mackenzie, A .C. Smith and Dickson. Adjourned.

State Board of Health.

The Oregon State Board of Health held its first quarterly meeting for 1906 at Astoria, April 26th. The meeting was placed at that time in order to meet wtih the Clatsop County Medical Society and also from the fact that a teachers' institute was being held in Astoria at the same time.

The members of the Board present were Dr. C. J. Smith, Pendleton, President; Dr. E. A. Pierce, Portland, Vice-President; Dr. A. C. Smith, Portland; Dr. E. B. Pickel, Medford; Dr. Alfred Kinney. Astoria, and Dr. R. C. Yenney, Portland, Secretary.

Besides the regular business coming before the Board, the subject of securing state aid for the open air treatment of tuberculosis was considered and Dr. C. J. Smith submitted a preliminary outline of a plan which was adopted by the Board to secure if possible aid from the state for a class of unfortunate sufferers too often unable to provide for themselves and necessary treatment. The report of Dr. E. A. Pierce on the work done by the Open Air Sanatorium at Portland showed most satisfactory results and the Board is very anxious that the scope of the work should be extended.

The question of water supply and sewage system of various cities and towns in the state was taken up and an effort is being made by the Board to collect data on this important subject so as to be able to advise in individual cases.

On the evening of April 26th the Board met with the Clatsop County Medical Society and the Teachers' Institute in an open meeting. Dr. Fulton, of Astoria, presided, and addresses were made on the following subjects:

"The Real Defenses of the Body," by Dr. Alfred Kinney, of Astoria.

"The Duties of the School Teacher as a Public Health Officer," by Dr. R. C. Yenney, Portland.

Digitized by Google

"Exercise," by Dr. J. A. Fulton, Astoria.

"The Modern School Building," by Dr. C. J. Smith, Pendleton.

"Care of the Eyes," by Dr. Henderson, Astoria.

"Adenoids," by Dr. Pilkington, Astoria.

"Nervous School Children," by Dr. Hagelstorm, Astoria.

"Work Shop Children," by Dr. A. C. Smith, Portland.

"Tuberculosis in the School," by Dr. E. A. Pierce, Portland.

"Defective School Children," by Dr. E. B. Pickel, Medford.

It is the plan of the State Board of Health to have some member present if possible at every teachers' institute to deliver an address on some subject connected with school hygiene or sanitation.

At the close of the public exercises a banquet was given the visiting members by the Clatsop County Medical Society, at which was present also the mayor of the city and other prominent citizens. A most enjoyable evening was spent.

The Board decided to hold its next quarterly meeting at Medford June 20th, 1906, at which time the Southern Oregon Medical Society will hold its regular meeting.

OBITUARY.

Dr. Thomas McCrackan.

The sad death is reported, on April 11th, of Dr. Thomas McCrackan, of Puyallup, Wash. He fell in front of a passing train and was dreadfully mangled, and instantaneously killed. The doctor had practiced in Puyallup for 18 years. He was born, of Scotch ancestry, at Weston, Ontario, in 1851. He was married in 1884 and in 1885 moved to Savannah, Ill. In 1886 he graduated from the College of Physicians and Surgeons at Chicago. He then moved to Sutton, Neb., where he practiced medicine for two years, after which he came to Puyallup, and located there in 1888. He was highly respected by all who knew him, and his tragic death cast a gloom over the community.

Dr. Charles G. Caples.

Dr. Charles G. Caples died at his home in Columbia City, Ore., on the 3rd of April. He was born in Ohio in 1832, and crossed the plains with his father in 1844. In 1847 his father took up a donation land claim covering the present site of Columbia City. Dr. Caples studied medicine in Portland, and then practiced at Monticello, near Kelso, Wash. He was superintendent of the territorial asylum for the insane at that place from 1868 to 1871. In 1871 he returned to Columbia County, Ore., and practiced medicine and engaged in farming. The doctor leaves a widow, two sons and three daughters.

Dr. Wm. J. Farley.

Dr. William J. Farley, of Dallas, Or., died on the 23rd ult. at his home. Dr. Farley was widely known in the Northwest, he having come to Oregon in early infancy with his parents. He was formerly physician at the Chemawa Indian School, and had been before that period resident physician at the Warm Springs Indian Agency. He received a diploma at Bellevue Hospital, New York City. He leaves a widow and no children.

Digitized by Google

Book Reviews

A Compend of Obstetrics. Especially Adapted to the Use of Medical Students and Physicians. By Henry G. Landis, A. M., M. D., late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by Wm. H. Wells, M. D. Eighth edition. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1906.

This is one of the most popular of the Quiz Compends, and has proved exceedingly valuable to many practitioners. This edition contains much of value not heretofore found in this work, including an appendix of certain obstetric constants, which should be useful to students in condensing their lectures and demonstrations.

Progressive Medicine, Vol. I, March, 1906. A quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 304 pages, with 7 engravings. Per annum in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The subjects considered in this volume are: (1) The Surgery of the Head, Neck and Thorax, by Charles H. Frazier, M. D. (2) Infectious Diseases, including Acute Rheumatism, Croupous Pneumonia and Influenza, by Robert B. Preble, M. D. (3) The Diseases of Children, by Floyd M. Crandall, M. D. (4) Rhinology and Laryngology, by D. Braden Kyle, M. D., and (5) Otology, by B. Alexander Randall, M. D.

Practice makes perfect in the art of assimilating only the very best from a vast amount of material. It follows, therefore, that as all the contributors to Progressive Medicine have profited by their experience in the past, their readers are enabled to learn in an hour what it has taken them months to acquire.

The general get-up of the book, the paper, print and indexing, are of a solid and enduring quality, and make its use not only profitable but pleasureable.

The Physical Examination of Infants and Young Children. By Theron tending Pediatrist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 half-tone engravings. 12mo., 86 pages. Bound in extra cloth. Price, 75 cents, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia, Pa.

Nearly all the text-books on pediatrics are deficient on the physical examination of infants and young children. The author has been impressed with the idea that many physicians are ignorant as to the methods of the examination of babies, and because of this he has written this volume. The author has certainly rendered a service to the profession.

The International Medical Annual. A Year-Book of Treatment and Practitioners' Index. Twenty-fourth year. 1906. New York: E. B. Treat & Co. Price, $3.00.

The appearance and contents of this volume do not indicate in any way the difficulties that have attended the pub-

Digitized by Google

lication of this issue. Fire coming at an inopportune moment, when a large part of the work was in type, did not discourage the publishers for a moment. The plates and diagrams are very valuable, and quite up to the high standard expected of this well known firm of publishers. The general review of therapeutic progress for the year by Drs. Ralph Stockman and Frank J. Charteris, of Glasgow University is exhaustive and excellent. As an up-todate work of reference for the practitioner, giving the latest conclusions as to treatment of many diseases, this work is of the highest value.

The Natural Laws of Sexual Life. Medical-Sociological Researches. By Dr. Anton Nystrom, Stockholm. Authorized Translation from the Third Swedish Edition, by Carl Sandzen, A. M., M. D., Ph. D., Professor of Physical Therapeutics University of Kansas School of Medicine; Author of Massage, Swedish Movements and Allied Physical Therapeutical Methods. The Burton Company, Medical Publishers, Kansas City, Mo. 1906.

The author is careful to tell his readers that he does not write of love, inspired and led on by fantasy; but he treats his subject as an earnest investigator from a purely scientific point of view, describing personal experiences and observations. The sexual life, love and matrimony of different times and people are described, proving the influence of social and religious opinions upon sexual life. The author differs widely from much of the literature on the subject which we read in medical magazines, and his contention is that much of that literature is hypocritical, and at variance with the beliefs of the writers.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, etc., by leading members of the Medical Profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D. Philadelphia. 1906. J. B. Lippincott Co., 1906.

The contents of volume 1 for 1906 of this invaluable series, contains, among other articles, contributions on "The Medical Treatment of Exophthalmic Goiter," by James Tyson, M. D.; "The Treatment of Gastroptosis," by Albert Philip Francine, M. D.; "Coughing and Its Relation to Treatment," by James M. French, M. D.; "The Dechloridation Treatment in Diseases of the Heart," by Ernest Barie, M. D.; "The Indications For, and the Methods of Performing Venesection," by John W. Wainwright, M. D.; "The Position and Size of the Heart in Advanced Mitral Stenosis," by M. Howard Fyssell, M. D.; "Some of the Effects of Quiet Renal Calculus," by Wm. Hy Battle, F. R. C. S.

The Medical Sentinel is in receipt of three valuable reprints of articles by Dr. Park Weed Willis, of Seattle. That on Anemia was read before the Oregon State Medical Association two years ago; one on Treatment of Congenital Dislocation of the Hip, was read before the section on Surgery and Anatomy at the session of the A. M. A. last July; that on The Early Diagnosis of Tuberculosis of Bones and Joints was read before the Washington State Medical Association last September.

One of the most interesting pamphlets produced in reply to Dr. Osler's famous dictum as to the value to the world of men over 40 years of age, is that issued by the Society for

Digitized by Google

Ethical Culture of New York, comprising an address of Felix Adler. Dr. Adler, after ministering to his New York City audience for well nigh 30 years, was never more eloquent than he is today; his thoughts were never better worth attention. He is thoroughly appreciative of the great works of the physicians of the day, but takes decided issue, as most people have done, with Osler's statements. Dr. Adler's address concludes with the following fine paragraph: "We live in a time in which old people are not considered as they ought to be. We have forgotten what the privileges of old age are, and the lessons which old age can teach; and worst of all the aged themselves often accept this opinion of themselves, as mere cumberers of the earth, creatures whom it were better to shelve. The change must come first in the feeling of the aged themselves. They must put forward their claim to the honor which is their due, for their own sake, and the sake of human society. 'Before the grey head thou shalt rise,' says the Bible. Where honor and regard are denied to the old, the tenderest pieties of life are apt to be slighted and the delicate bloom of morality is rudely brushed aside. Even in those cases where the extreme of old age is reached, even when the last stage of feebleness sets in, even when the mental spark barely glimmers, if it glimmers at all, even there, where nothing remains, or almost nothing, of the former pride of manhood,—even there, the love and the regard should remain. We are still bound by every feeling of gratitude to remember the source out of which we have sprung, and the benefits that have been so lavishly bestowed upon us; we are still obligated by every feeling of humanity that is in us to approach with holy reverence the shrine from which the god has departed, and to cherish and respect the human ruin over which hangs with a solemn, lingering beauty, the glory of other days."

The pamphlet containing this address can be had gratis by applying to the Extension Committee of the Society for Ethical Culture, 33 Central Park West, New York City.

The Examination of the Function of the Intestines by Means of the Test-Diet. Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolph Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized Translation from the latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece Plate in Colors. Crown Octavo, 91 pages, extra cloth. Price, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

These lectures sum up for medical purposes the results of the author's continued investigations and observations for about eight years. They are certainly very interesting and valuable to the practitioner, who has never gone so minutely into the subject as the author.

Digitized by Google

Correspondence

The following correspondence between Drs. McCormack and Carll, as a continuation of the letter of Dr. Carll, published in the last issue of the Medical Sentinel, will explain itself:

Bowling Green, Ky., March 29, 1906.

Dr. W. E. Carll, Oregon City, Ore.—

Dear Doctor: I have just returned from an extended itinerary in Tennessee to find your favor of the 9th inst. All of the unkind things contained in my reply to the committee were quotations from letters of members of the profession of Oregon, which would not have been published had you not insisted that I furnish evidence of the truth of what I had said, and, even then, I apologized in advance for the harshness of the language.

The time will come when you and your friends will appreciate the injustice you have done me in all of this matter. There was no help for you except through the plain talk I have used in all of my work, but you indulged in unfortunate temper where others set about remedying the evils which they were glad to have pointed out by one who could have no other purpose but to help them. Until that time comes I will submit to the injustice you insist upon doing me without complaint.

Very respectfully,

J. N. McCORMACK.

Oregon City, Ore., April 3, 1906.

Dr. J. N. McCormack, Bowling Green, Ky.—

Dear Doctor: Have just received your letter, and from it infer that you believe with the scriptures, "a soft answer turneth away wrath."

My communication was with reference to your statement relating to the State Board of Medical Examiners, and you have not answered one of the questions stated in that letter. It may be doing you an injustice, so you claim, but if this slander of the Board was without foundation, as I believe it was, then there might be some claim of at least a trace of injustice from my side of the question.

You state that until some time comes you will submit to the injustice without complaint.

I have made my complaint, and if you see fit to ignore my emphatic denial of the statements you made about the Oregon Board of Examiners, all right, that is your business, and if you think it is your right or privilege to impose yourself as a mentor of this Medical Board, and publish a lot of hearsay to the world and then assume an air of injured innocence when you are called down, that is also your right. You should have just as good a right to keep still as you had to impeach us, and possibly better. The fact remains that it is up to you to prove your statements or stand repudiated.

W. E. CARLL.

Another View of Dr. McCormack.

Burlington, Ia., April 2, 1906.

Dr. Henry Waldo Coe, Portland, Ore.—

Dear Doctor: I have read the joint correspondence in the Journal A. M. A. of March 3rd, anent the Oregon slander, and even though I am a stranger to you, I feel that I must express my approbation of the stand you have taken and congratulate you on getting your altogether proper and dignified protest before the profession. I need hardly say that I consider Dr. McCormack's reply as entirely inade-

Digitized by Google

quate. In fact, even if everything he originally said of you was true, this reply stamps him as a man utterly unfit for the position he occupies, and causes one to wonder whether organization as promoted by him has not some ulterior objects held strictly "sub rosa" by the managers.

I have been identified with and a worker for organization for many years. I joined the Military Tract Society of Illinois in 1877, Illinois State in 1878, moved to Iowa in 1880 and joined County and State societies the same year (President of the latter in 1899), A. M. A. in 1882, proposed the "standing committee on membership" —one from each congressional district—in 1893 (see transactions Iowa State), devoted large space in my presidential address to the consideration of what had been done in this matter in this and other states, urging renewed interest along liberal and purely democratic lines, etc., etc.; and yet, because I have failed to see the need of such drastic measures— "stop your quarrels and get into line, or suffer the deprivation of all those good things which are to be divided among those who wear the proper button," as preached by Drs. Simmons and McCormack; and because I have had the temerity to openly antagonize their pet idea, that the "standard plan" is a sure cure for all our ills (have, in fact, declared that it not only fostered new evils of magnitude, but was saddled upon us here in Iowa by sharp and improper practices), I am accounted an enemy to the cause. Criticism, it would thus seem, as in your case, is held the exclusive privilege of those at headquarters.

Take, again, the case of Georgia. You remember the report Dr. McCormack made of medical conditions there: but perhaps you do not know that this report raised such a storm of opposition there that reorganization carried only by the barest majority, and that with Dr. McCormack there in person presenting a brand new form of "standard constitution,"—one that surrendered almost everything but "compulsory" membership.

Strange that one who preaches unity and harmony "accepts the task reluctantly," "criticizes with regret," etc., should engender so much strife! But the per capita assessment may be the end to justify the means. I may be away behind the times, but this is not my idea of the way to get the coherent organization we so much desire; and when I look at Virginia's record under old methods (she has refused reorganization and has the most complete membership), I am encouraged to hold to the old idea that membership should be voluntary, with voice and vote (as in Georgia) for everyone. This county has been completely organized for more than 25 years, wholly through personal solicitation of the local men most interested, and it is only within the last month that the change has been made to the new style. Now some of the old men refuse to affiliate, and some others confess to an acquiescence because they are tired of the agitation, within and without. McCormack visited us two years ago for this purpose and was turned down. All this may, of course, be of small moment to you. However, a single straw may show the course of the wind, and the straw stack which held against the cyclone was composed of single straws after all. And there may be others. I want to be a straw in the stack to stand against the cyclone of tradesunionism, politics, and graft fostered by the "new light" people in the A. M. A., and so I make myself known to you. For I believe from what you have

Digitized by Google

written that you, like myself, are a friend of decency and order, and convinced that the world was not made in a day.

I cannot believe that the rank and file of the A. M. A. has any change of heart as to the objects and aims of medical organization; but they need to look to it that they are not committed wholesale by their leaders to a political standard before the professional standard is made good—after which the others will come as a matter of course. Melancthon was a great reformer; but he resorted to vis et armis, and his end was swift. I need not point the moral.

Fraternally yours,
H. B. YOUNG.

Life Insurance Economy.

Editor Medical Sentinel:

Recently the Equitable Life Assurance Society and the Mutual Life of New York sent out circulars announcing that hereafter the fee for a medical examination, of $3000 or under, would be the princely sum of $3. The Josephine County Medical Association, of which I have the honor to be the President, passed a resolution fixing the minimum fee at $5, the old price. The Clatsop County Society, I see by the Medical Sentinel, has done the same thing. If all the medical societies in the state will take action in this matter, and stand out for the old price, I think the insurance companies will yield. It is strange enough that when economy has to be practiced, the poorest paid employes are the first ones to feel it. Five dollars is small enough with urinary examinations, and then sometimes one has to write five or six letters additional, for which the pay is not always even "thank you." The very existence of all insurance companies lies in the hands of the thousands of poor, honest, struggling physicians throughout the country. All honor to the integrity of these men who serve their employers so well, and if the profession will only stand together, I think these giant corporations can be made to see how small and insulting is their action. Should these two companies persist in their course, physicians for self-protection must transfer their strength and influence to organizations that pay a living fee and appreciate good, honest services.

F. W. VAN DYKE,
President Josephine Co. Med. Society.

In crying infants it is extremely difficult to determine the persnce, and location, of tender areas. This may be readily accomplished by the administration of chloroform to the extent of primary narcosis. The physical examination then becomes very easy and when a tender spot is handled it will be announced at once by lively reflexes.—American Journal of Surgery.

In all operations in the left subclavian triangle of the neck, the location there of the thoracic duct must not be forgotten.—American Journal of Surgery.

Do not advise extirpation of large glands in any particular region without making sure that they are not the early manifestations of leukemia or Hodgkin's disease.—American Journal of Surgery.

Digitized by Google

Extracts

"The Dove of Peace."

Why doesn't the Dove of Peace from the Association dove-cote descend upon the troubled situation at the Chicago West Side Hospital according to schedule? Surely his sweet restraining influence is needed there just now! Is it possible that he is still lingering in Oregon? Or has his experience in the West temporarily incapacitated him? Or, perish the thought, is he nothing but a display bird, exhibited to outsiders simply for the fineness of his plumage?

* * * *

What is the meaning of this strange anomaly which we hear of in Oregon? The Dove of Peace, bearing the olive-branch of unity and concord, has succeeded in making the air thick with feathers and loud with discordant screeches. Are we to conclude that the aforesaid Dove alit among a barbarous and uncultured community, still too deep in savagery to appreciate the benefits symbolized by the olive branch, or must we believe that, with the keen intuition which frequently characterizes new and unsophisticated commonwealths, they scented a suspicious air about this particular twig, and mistrusted the genuine nature of the tree from which it grew?

* * * *

Whatever may be the explanation, it seems fortunate for the Dove, in the person of Dr. McCormack, walking delegate of the American Medical Association, that his own devoted plumage is protected by several hundred miles of distance from the claws and beaks of the professional covey that he has aroused. Judging from the published reports of the recent meeting of the Portland Medical Society, its members are not thinking and saying very complimentary things about Dr. McCormack and the principal whom he represents.

In view of the circumstances of the case we cannot help feeling that the Portland men have a good deal of ground for their attitude, and that Dr. McCormack has invited all the contumely that has been directed toward him. As far as we are able to learn, nobody invited him to make a trip to Portland and "inspect" conditions there; at least he received no official or representative invitation. He went there sheerly on the initiative and in the interests of the Association. Even so conservative and ethical a journal as the Medical Sentinel (Portland, Ore.) suggests that "he is not, perhaps, quite the philanthropist that he would have us believe—traveling over the country solely and alone for the good of the profession. The accounts of the Association are not such an open book that it is known just what remuneration the genial doctor gets." Dr. Moore, of Portland, was even more outspoken in this respect, stating that Dr. McCormack "had come to Portland uninvited, had thrust himself upon the local society, stolen their food, and gone off and said that the cook was no good." All of which cannot help but impress the onlooker as a very fair statement of the situation, and one calculated to arouse resentment among men of selfrespect.

* * * *

A rather amusing feature in the report of the meeting referred to is the ingenuous publication of what was evidently the real sore spot in the whole situation. Evidently in Oregon such a thing as press censorship is

Digitized by Google

unknown—which may very possibly be one of the elements in Dr. McCormack's dissatisfaction with the way they do things in Oregon. The report says: "When the question as to the ownership of the Journal, the paper which contained Dr. McCormack's letter, came up, another lively tilt followed. Some were of the opinion that it was the property of the American Medical Society, but there were others present who held otherwise. It seems that the paper is controlled by a close corporation in Chicago. This fact did not make the members of the society which had been roasted by Dr. McCormack feel very happy." The palpable artlessness of the report renders comment unnecessary.

* * * *

At all events, as the Medical Sentinel says, "it is very clear that Dr. McCormack has deeply offended many of the influential doctors in Oregon." To an unbiased spectator some other things are clear also in this incident, and one would think that a man of any experience traveling (uninvited) in the interests of an Association purporting to have at heart the welfare of the professon, would open his mind to receive some lessons as well as to impart them. For one thing, it seems clear that the brand of unity, peace and concord dispensed by the Association is not always and everywhere regarded as desirable. As Dr. McKenzie, of Portland, said, "there is a healthy factionalism among the physicians there, and he sees nothing wrong in it." Anyway, Dr. McCormack has probably learned by now that the effect and feudal systems of the East cannot be forced upon the vigorous and redblooded West.—From the Editor's Note Book, Medical Standard.

When performing external urethrotomy without a guide it is often possible to trace the continuation of the urethra proximal to the opening, by means of a filiform bougie, even when all devices failed to secure the introduction of a filiform before the operation. If a filiform cannot be thus passed through the urethral wound, suprapubic pressure on the bladder may demonstrate the location of the urethral orifice by the escape of a drop of urine or by bulging of the membranous urethra.—American Journal of Surgery.

A tender, painful swelling just at or beyond the upper, outer border of the breast, and near the edge of the pectoralis major, is usually an inflamed lymphatic gland. In its presence it is well to look for some skin infection about the waist line, e. g., furuncles, which are not rare at this site as a result of irritation by the corset. Per contra, with a boil, abscess, dermatitis or other infection at or above the waist line, one may be on the lookout for glandular enlargement at the point referred to.—American Journal of Surgery.

Breast tumors, especially in the early stages, not seldom fail to present the classical signs by which their malignancy or non-malignancy may be determined clinically. In all cases where the diagnosis is doubtful, a specimen of the tumor should be removed for microscopic study, before undertaking a radical operation.—American Journal of Surgery.

The pain in the lower part of the back that is so frequently complained of after operation, can be best relieved by placing a small pillow in the hollow of the spine.—American Journal of Surgery.

Digitized by Google

Personal

Oregon.

Dr. G. U. Snapp has located at Drewsey.

Dr. B. F. Scalfe, of St. Louis, has moved to Eugene.

Dr. D. M. Jones, of Sodaville, was a recent visitor in Albany.

Dr. A. E. King, of Antelope, made a call last month at Madras.

Drs. Marsden and Geary, of Burns, have dissolved partnership.

Dr. E. M. Anderson, of Sumpter, was a recent visitor to Spokane.

Dr. and Mrs. Corpe, of Cove, were recent visitors at La Grande.

Dr. A. B. Stone, of Athena, drove down to Adams last month.

Dr. J. H. Rosenberg, of Prineville, has been visiting in Madras.

Dr. Jessie Davis Brooks, of Silverton, was in Albany last month.

Dr. and Mrs. Parker, of Pilot Rock, visited last month in Pendleton.

Dr. Wm. T. Phy, of Hot Lake, was a visitor in La Grande the middle of April.

Dr. and Mrs. W. A. Trimble, of Albany, were recent visitors in Portland.

Dr. Jessie Davis Brooks, of Silverton, visited relatives in Albany last month.

Dr. C. E. Dalton, of Salem, went to San Francisco to assist with the injured folks.

Dr. J. E. Shearer, of Roseburg, paid a visit to southern towns last month, on business.

Dr. W. W. Oglesby, of Cottage Grove, made a business trip to Roseburg last month.

Dr. and Mrs. O. D. Butler, of Independence, visited friends in McMinnville last month.

Dr. John H. Hudson, of Arlington, paid a visit to Portland, with his wife, early last month.

Dr. Albert G. Prill, of Scio, is credited by the local papers with being an expert kodakist.

Dr. B. A. Cathey was called to Douglas County last month by the sickness of a relative.

Dr. J. M. Kitchen, of Albany, recently visited his Stayton friends, he having formerly lived there.

Dr. T. V. Hall, of Lakeview, returned last month from an extended trip he has taken since February.

Dr. C. W. Faull, of Baker City, went to San Francisco to bring his mother home after the earthquake.

Dr. B. R. Job, of Cottage City, has mining interests near Roseburg, which he was looking after last month.

Dr. F. C. Brosius, of Hood River, has been attending the sick in various camps on the North Bank road.

Dr. W. H. Boyd, of Portland, who formerly lived at McMinnville, has been looking after his fruit orchard near there.

Dr. J. N. Smith, of Salem, was one candidate for the state senate who received the republican nomination at the late primary election.

Dr. J. M. Kitchen and family have returned to Stayton. A short time ago they moved to Albany, but they did not like the change.

Digitized by Google

Dr. Baylis H. Earle, of the Marine Hospital service, has had a nice visit in Cuba, traveling with the National Railway Association.

Dr. Lynn K. Blakeslee, of Pendleton, had a 35-mile ride over rough and muddy country roads to the head of Butter Creek last month, to attend a sick child.

Dr. J. L. Hill, of Albany, paid a short visit to Salem last month. While there he delivered a lecture to the students.

Dr. J. E. Shearer, of Roseburg, went to Iowa last month to see his father, who was dangerously ill. Dr. G. E. Houck looked after his patients during his absence.

Dr. R. J. Pilkington, of Astoria, recently paid a visit to the Saldren Logging Camp, on a rumor that there was smallpox there. He found it was a false alarm.

Dr. Henry P. Brockhart, of Drain, has been receiving treatment at the Soldiers' Home Hospital at Roseburg for several months. He has recovered sufficiently to return home.

Drs. Pickel and Jones, of Medford, have each purchased an automobile, so that if they have runaways now, it will not be due to the erratic conduct of spirited horse flesh.

Dr. J. S. Rankin, of Toledo, Ohio, recently paid a visit to his friend, Dr. C. G. Patterson, of Baker City. Dr. Rankin proposes to locate somewhere on the Pacific Coast.

Dr. S. T. Linklater, of Hillsboro, recently received from an English friend a quantity of nuts—chestnuts, beach nuts, walnuts, cobs and filberts —which he has planted, and proposes to raise into trees.

Dr. Edwin E. Straw, of Marshfield, had his picture in a Portland paper recently, and his friends are congratulating him that it was not so bad a caricature as is often perpetrated upon rising young men. The Doctor's picture was given as an illustration of the youngest mayor in Oregon.

Washington.

Dr. Chas. James has moved from Tekoa to Tacoma.

Dr. Hannibal Blair, of Elma, was called last month to Porter.

Dr. Chas. James, of Tekoa, is taking up his residence in Tacoma.

Dr. E. P. French, of Elma, went to Montesano on business last month.

Dr. Campbell, of Hoquiam, assisted in an operation at Elma last month.

Dr. and Mrs. E. T. Hein, of Palouse, took in the Gadski concert at Pullman.

Dr. I. A. Dunlap, of Walla Walla, visited his brother in Pomeroy last month.

Dr. N. G. Blalock, of Walla Walla, has practically recovered from his late serious illness.

Dr. Z. T. Dodson, of Cleveland, was at Bickerton last month, on his way to the Sixprong country.

Dr. D. J. Turner, of Cheney, recently went to Gridley, Cal., to look at some land holdings he has there.

Dr. and Mrs. C. J. Lynch, of North Yakima, had a narrow escape from a buggy accident last month.

Dr. W. C. Cardwell, of Pomeroy, has returned home after a six weeks postgraduate course at Chicago.

Dr. C. P. Richards is one citizen of Almira who is improving his property and adding to the beauty of his town.

Digitized by Google

Dr. Wm. Dietz, of Waverly, is a sportsman who went after wild geese last month. He had plenty of sport.

Dr. A. Nelson has purchased the practice and good will of Dr. Chas. James, of Tekoa, and has taken possession.

Dr. W. J. Hough, of Kiona, is an enthusiastic republican, and he has been taking some time to organize his party.

Dr. John N. Starr, of Wilbur, recently visited Index, where he has an interest in some hot springs that he expects to be valuable when developed.

Dr. F. C. Robinson, a graduate of Rush Medical College, Chicago, has opened an office in Walla Walla. Dr. Robinson has recently returned from Vienna, where he did special work in the hospitals.

Idaho.

Dr. J. H. Powell, of Nez Perce, was in Lewiston last month.

Dr. F. W. Compton, of Meridian, was a visitor in Boise last month.

Dr. J. D. Shinnick is a new physician who has just located at Elk City.

Dr. James Herrington, of Gifford, made a professional call at Julietta last month.

Dr. H. S. Narramore, of Stites, attended some professional calls at Grangeville last month.

Dr. R. S. Gregory, of Boise, attended the meeting of the state medical examining board at Pocatello last month.

Dr. J. F. Hurlbut, of Lewiston, has returned from a two weeks' study at the hospital of the Mayos at Rochester, Minn.

Dr. C. L. Gritman, of Moscow, has just taken a month's trip through the hospitals in the cities of the Atlantic coast.

Dr. R. C. Coffey, of Portland, attended the meeting of the medical society at Pullman last month. He stopped off at Moscow on his way.

Dr. F. B. Whiting, late of Boise, has gone to Alaska, to have charge of the surgical and hospital department of the Copper River Railway.

Montana.

Dr. A. J. Movius, of Red Lodge, is talking of erecting a hospital.

Drs. D. J. Donahue and Butler, of Glendive, were visitors in Miles City last month.

British Columbia.

Dr. H. A. Young, of Atlin, was a recent visitor in Vancouver.

Dr. H. E. Young, of Atlin, has returned from an Eastern trip.

Dr. W. H. Wilson, formerly physician of the Crows Nest Pass coal mines, has moved to Nelson, where he will practice in future. He has recently taken a long post-graduate course in New York.

Digitized by Google

MEDICAL SENTINEL

JUNE
1906

Volume XIV **Number 6**

Notes

The next regular meeting of the North Idaho District Medical Society will be held at Coeur d'Alene on Tuesday, June 19th.

A new physician has been installed at the Walla Walla penitentiary, in the person of Dr. J. L. Lane, of Redmond, King County.

The Chemawa Indians who are afflicted with tuberculosis are to have the open air treatment tried upon them by the authorities.

The North Dakota Medical Association passed resolutions refusing to make examinations for the life insurance companies for a lower sum than $5.

The meeting of the Yakima Medical Society at North Yakima, last month, was a good one. Dr. George E. Fell read a paper on "Conservative Midwifery."

There have been recently removed from the school for defective youth at Vancouver, Wash., seventy-six feeble-minded children to the new building specially constructed for them at Medical Lake.

Dr. Ludlow, of Seattle, after five years' service as City Physician, resigned. The salary is so pitifully small, to quote the doctor, that a physician cannot do justice to the work unless he desires to work as a philanthropist.

Digitized by Google

The Commencement Exercises of the North Pacific Dental College were held at the Heilig theater on June 1st. The exercises were highly interesting and satisfactory, and the management of this excellent college and its friends are delighted with its success.

Governor Mead has appointed the following named physicians on the Washington Medical Board: Dr. Casher W. Sharples, of Seattle, to succeed himself; Dr. H. A. Wright, of Wilbur, to succeed himself; Dr. Kenneth Turner, of Seattle, to succeed Dr. E. E. Shaw, of Walla Walla.

The Asotin County Medical Society (Wash.) was organized last month, with Dr. L. Woodruff, of Asotin, President; Dr. P. W. Johnson, Clarkston, Vice-President; Dr. I. U. Temple, Clarkston, Secretary, and Dr. S. D. Brazeau, Asotin, Treasurer.

Congress has awakened to the necessity of a law governing the practice of medicine in Alaska. A board will be appointed, under the proposed law, by the governor, of six physicians who will hold examinations and pass upon the qualifications of applicants who wish to practice medicine in the territory.

The Hawthorne springs in Portland, which are in the park of that name, and which springs some old timers swear by as to their purity, have been declared unfit for drinking purposes. They have been recently examined and tested, and the unfortunate guinea pig that was inoculated with some of sample "B" promptly died.

The Medical Women's Club of Seattle is a new organization, started with the object of promoting the fraternal and professional interests of the members. Dr. Sarah J. Dean was elected President, Dr. Sarah Kendall Vice-President, Dr. Marietta Marsh Secretary and Treasurer. The meeting will be held once a month and papers will be read on medical subjects.

In Spokane two physicians named Essig and Richter seem to have drawn down upon themselves the hatred of some bomb expert, who placed near their residences a couple of infernal machines which were calculated to do considerable damage, if touched off at the right time. These physicians had recently appeared in court and testified for the defendant in a suit for alleged malpractice.

Digitized by Google

The King County (Wash.) physicians have had before them, in their society, the question of the regulation of fees. A committee made a report, establishing fees, and provided in their resolution that any physician who broke over the rules should be expelled from the Society. The report was voted down. The general opinion seemed to be that a fee bill with such a penalty for violation thereof was an impossibility.

A preliminary examination of applicants for appointment in the Medical Corps of the Army will be held at various military posts throughout the United States on July 31, 1906. Full information in regard thereto may be obtained from the Surgeon General of the Army, and applications must be filed prior to June 30. Thirty years is the prescribed maximum age, and persons whose age exceeds that limit are not eligible for examination.

A "False Note" is detected in the May issue of the California State Journal of Medicine, by the editor of the Medical Record. It does not like the suggestion in the Journal that "many participators in the nostrum business" were lacking in sympathy with all the sufferers in San Francisco; nor that the milk of human kindness was so lacking in the breasts of these "nostrum makers" that they "rejoiced because the Journal was wiped out."

The libel suit that Seabury and Johnson propose to bring against Editor Jones of the California State Journal of Medicine will in all probability be held for awhile in abeyance. The Journal states that if they get judgment, "perhaps the court will allow them to attach the smoke yet hovering over what was once our property." Even those who are not fully in accord with Dr. Jones' policy will admit that there is something pathetic in the situation.

On May 17th, the following resolution was offered by Dr. Henry Waldo Coe at the meeting of the Portland City and County Medical Society, and adopted by a rising vote: "Resolved, That this society hears with pleasure of the returning health of our esteemed friend, fellow member and an ex-president of this society, Dr. Andrew J. Giesy, and sends him a greeting of good will and an expression of hope that he may speedily return to us, 'safe and sound.'".

The American Hospital Association, the arch local offender in the matter of contract practice, is in more trouble. One R. H. Jewell, the President, has gone and left it, and the association has begun a suit against him for $1500. It will be remembered that some time ago Secretary Dole

Digitized by Google

skipped, after leaving a large number of creditors. Some of the 3000 Portland members, who have paid their money, are wondering where they will come in if this hegira of officials keeps up.

Eighteen out of the forty-one aspirants for permits to practice medicine in the State of Oregon who took the medical examination before the State Board in May, passed, and were awarded certificates to practice. The successful nineteen were as follows: O. M. Babbitt, G. D. Beech, S. P. Bittner, A. E. T. Buckell, F. P. Fisch, A. C. Hanson, C. M. Hollopeter, H. A. Kavanaugh, W. W. Looney, John Madden, I. McCombs, P. F. McMurdo, C. L. Moad, W. K. Seelye, J. Sproat, J. T. Townley, J. L. Wooden and E. A. Woods.

Portland is to have—so it is said—a People's Co-operative Medico-Dental Society, a branch of a similar institution that flourished in San Francisco before the earthquake. The promoter of the scheme says that branches are to be established in towns around Portland, but this city is to be made the headquarters. So far the public has not been taken into the confidence of the promoters, and we are not informed whether it is a sort of a contract scheme by which the public will be kept in health, tooth and nail, for so much per year. Developments are anxiously awaited.

A patent medicine maker has been using the name of Dr. C. J. Fagan, Secretary of the Provincial Board of Trade of Victoria, B. C., in a way that does not please the doctor. A child died after taking some soothing powders. The doctor was called on to analyze the powders, and in his report he stated that he did not find any poison therein. This negative testimony was seized upon by the powder manufacturers, and was embodied in some vigorous advertising. Dr. Fagan has commenced an action to prevent the use of his name in any such way.

The Sacramento Society for Medical Improvement has passed some resolutions declining to make life insurance examinations for less than $5. They propose to drop from membership in the society any members who make the low charge. They also provide that no special arrangement is allowable for an increase of fee to $5 between the examiner and local agent; all arrangements must be made btween the examiner and the medical director of the company. The Sacramento doctors believe that a salary of $50,000 a year for the President of the Mutual Life is not consistent with such a degree of economy as requires the examining fee to be dropped to $3.

Digitized by Google

The same old question is bothering the citizens of Vancouver, B. C., that has troubled so many communities in the past. A man suffering from the mumps was turned away from the hospital on the ground that he was suffering from an infectious disease, and there was no ward for him. As the city is paying $18,000 a year towards the support of the hospital, the indignation of some of the people is all the greater. But sober second thought will doubtless impress upon the objectors the fact that the sooner the new infectious ward is completed, the better for such cases.

The banquet of the Oregon State Medical Society, held at the Commercial Club rooms, Portland, on the 16th of May, was an impromptu affair, but thoroughly enjoyable. It was tendered the visiting members by the Portland City and County Medical Society. Such a banquet was planned several months ago, but when the San Francisco disaster came, the local society gave its banquet money to the sufferers. But when the time came for the banquet it was decided to have it anyway, and it was not difficult to raise the needed money. Dr. Henry Waldo Coe, as President of the City and County Society, presided.

At the annual meeting of the North Dakota Medical Association held on the 16th ult., the following officers were elected for the ensuing year: President, Dr. R. D. Campbell, Grank Forks; First Vice-President, Dr. McLachlan, of New Rockford; Second Vice-President, Dr. J. E. Countryman, Grafton; Third Vice-President, Dr. H. K. Phillips, Hope; Secretary, Dr. H. J. Rowe, Casselton (re-elected); Treasurer, Dr. J. D. Taylor, Grand Forks. Four Councillors, to serve three years each, were chosen as follows: Dr. Paul Sorkness, Fargo; Dr. A. Carr, Minot; Dr. A. E. Pray, Valley City; Dr. John Crawford, Esmond.

Those whose business requires them to frequent federal buildings in Portland, will be glad that the authorities have just promulgated some very vigorous orders concerning the way these buildings are to be kept. Rooms, hallways, lavatories, etc., are to be kept cleaned; dust must be removed by dampened cloths, and not stirred up by brooms or dusters; floors of tiling, brick or stone must be frequently scoured with water and soap; fresh air and sunshine are to be admitted in abundance to the offices; the use of individual drinking glasses is recommended; spitting on the floor is condemned, and it looks as though the hygienic teachings of the medical profession for many years is having its legitimate effect. It may cost something to carry into effect these orders, but it will be worth the money.

Digitized by Google

Last month the following candidates took the examination at Portland before the State Board of Medical Examiners: Henry E. Estey, Arthur K. Turner, L. P. Bittner, J. J. Sarozin, W. A. Monroe, T. K. Johnson, O. M. Babbitt, W. W. Looney, F. P. Fisch, Alfred Williams, George Le Loss Beech, C. L. Wood, John Madden, J. L. Wooden, V. J. McCombs, A. B. Starbuck, A. B. Sweet, Hisashi Mishina, F. F. T. Thompson, J. S. Rankin, A. E. Teasdale-Buckell, L. A. Ballman, W. K. Seelye, T. E. Zieber, C. M. Hollopeter, H. J. Kavanaugh, W. C. Judd, A. C. Hanson, James Sproat, J. C. Evans, George Wood, Roger Biswell, W. Le Roy Fuller, P. F. McMurdo, Lee Clanton, R. D. Byrd, R. H. Fields, R. T. Schmidt, L. V. Smith, E. A. Woods, J. M. Sleicher, H. E. Kelly.

The Oregon State Health Association is a new organization formed last month. Physicians representing the State Board of Health and the county health organizations are responsible for its existence. Dr. E. P. Geary is the President, and Dr. R. C. Yenney Secretary. The purpose of the organization is to secure better feeling, better understanding and better co-operation among the health officers of the State Board of Health, the various county boards and the city boards of health. The executive committee, which is vested with considerable power, consists of Drs. C. H. Wheeler, of Portland; W. A. Norris, of Oregon City; E. A. Pearce, of Portland; E. B. Pickel, of Medford, and W. R. Robinson, of Beaverton. Its first regular meeting will be held in July next year, on the occasion of the meeting of the State Medical Society at Astoria.

Our old friend, Dr. Woods Hutchinson, has afforded the newspaper reporters a sweet morsel in some remarks he made at Boston the other day. He is reported to have voiced, practically, the sentiments of the scriptural fool who urged his fellows to eat, drink and be merry for tomorrow we die. He expressed himself to the effect that "after men have drunk of life to the limit, and after every bit of their vital energies have been used up, they ought to go to the scrap heap." He fears that if the old men hang on too long, they will occupy places that should be occupied by younger men. While he was talking thus at Boston, the elite and the churches of Portland were giving countenance to a traveling physical culturist who insists that everybody ought to live to be a hundred years old, and those who don't are wilfully wasting their opportunities. The world will in all probability continue to wag on in the same old way, most people dying long before they get to the hundred mark, and old men and women staying with us as long as they can.

Digitized by Google

Editorial Notes

The Kugeler Resolutions.—The readers of the Medical Sentinel will remember the sensational story published in the newspapers last month regarding a resolution introduced by Dr. H. Kugeler at a meeting of the San Francisco medical men, which resolution was represented as being highly insulting to the Portland physicians who had spent their time and money in alleviating the sufferings of the unfortunate people who had been injured in the San Francisco disaster. The Editor of the Medical Sentinel wrote to Dr. Kugeler, asking him for an explanation, and desiring to have his side of the controversy. The following correspondence explains itself:

2210 Baker Street,
San Francisco, May 16, '06.

Henry Waldo Coe, M. D., 606 Marquam Building, Portland, Or.—

Dear Doctor: Pardon my delay in answering your kind communication of the 8th inst., but Dr. P. K. Brown, Secretary of the Physicians' Meeting, was out of town and I was unable to secure a copy of the resolutions you referred to.

Enclosed you will find a copy, certified by Dr. Brown. As I read them at this late date I find nothing in them either to explain or defend. They state clearly and concisely existing conditions and suggest remedies. It seems to me that they furnish food for thought even in larger, more peaceful but dispensary-ridden communities. They were not the result of passion or personal animosity, they were the result of much thought and observation. Remember, they were read at the meeting of May 3rd, 1906, over two weeks after the earthquake.

As to Dr. Mackenzie, he is an absolute stranger to me, and I had never heard of him—in fact, I did not know there was a delegation from Portland here. Only yesterday did I really learn his position while here. I understand that he was assigned to the rather unenviable position in charge of the contagious cases at Harbor View, and did excellent work.

The newspaper clippings I read more in sorrow than in anger. Newspaper interviews are notoriously garbled, and I consider these beneath my notice. Thanking you for your favor, I am

Very truly yours,
DR. H. KUGELER.

The Resolutions.

The medical profession of the city and county of San Francisco has suffered fully on a par with the rest of the community from the ravages of the recent catastrophe which has visited this city. The profession of this city has stood nobly by the suffering and needy in the hour of peril and now that the urgency has passed it is incumbent on all members of the profession to devise means not alone to relieve the immediate wants of those fellow-practitioners who are absolutely destitute, but also to insure to each member, the prospect of maintaining himself and family in the future. While applauding the motives that prompted the sending of physicians and nurses from distant parts to assist in the relief work, we desire to call attention to the fact that there were from the beginning, with the medical men of the army, more than sufficient physicians and nurses to attend to the work required.

With the amount of work now in progress and the restoration of business, the necessity for charity work is being reduced to a minimum.

Digitized by Google

In accordance with the above, the following resolutions are presented:

1. Whereas, The San Francisco County Medical Society finds that a large number of medical practitioners are in urgent need of assistance, and

2. Whereas, The said society has in its treasury a considerable sum of money, and

3. Whereas, The said society, gratefully appreciating the philanthropic motives that brought large numbers of physicians to our stricken city to aid in the relief of suffering, further finds that the members of the medical profession established here are fully able to cope with the work on hand; and,

4. Whereas, The business activity and commercial enterprise already developed insures labor to all unemployed anxious to work, reducing the number of really needy to a minimum; and,

5. Whereas, The cases of these remaining needy can be taken care of by the regularly constituted authorities, assisted as they always will be by an ever-willing profession; and,

6. Whereas, the regularly constituted and paid authorities should look after the sanitation of the city;

Be it Resolved,

1. That $5000 be taken from the treasury of the San Francisco County Medical Society and entrusted to a committee of nine appointed by the President to relieve any immediate distress among members of this society and the profession at large.

2. That all physicians from distant parts excepting naturally all federal and state officers, be respectfully requested to return to their own territory, as our supply of provisions scarcely suffices for our own consumption.

3. That the activity of the Red Cross and kindred organizations be at once restricted to such as are absolutely dependent and helpless, and that such cases be cared for at the earliest convenience in the institutions existing for such purposes.

4. That the sanitary condition of the city be looked after by the regularly constituted and paid authorities of the city, aided if necessary by the military officers of the federal government. Should there be a necessity for further assistance of the medical profession that such members be paid as is the case in all other departments of the city government.

Copy of resolution read by Dr. H. Kugeler at mass meeting of physicians held at Calvary Church May 3, '06.

PHILIP KING BROWN,
Secretary of the Meeting.

Competition in Nostrums.—When the U. S. authorities learn that there is a combination for the purpose of stifling competition or the keeping up of prices, they at once prick up their ears and take notice. It may be the "Drug Trust," whose chief purpose seems to be to keep up the price of Peruna, Hall's Catarrh Cure, Hostetter's Bitters and such nostrums—the government on hearing of it proposes to take a hand. The Proprietary Association is constantly getting into hot water with those slow-going druggists who sell the dollar bottles for a dollar. The department stores are in the habit of charging 69c for a dollar bottle, believing, apparently, that that is quite as much as the stuff is worth. The Proprietary Association reasons with the department stores, and assures them that their competitors in business, the drug store folks, cannot pay rent unless they can get a dollar a bottle for dollar goods, and in the interest of the drug stores they must insist upon the department stores re-

Digitized by Google

fraining from cutting prices. Failing in this, then no more nostrums can be purchased by the department stores. Then the U. S. authorities propose to get busy against this wicked combination, and compel the manufacturers of these nostrums to sell their wares at their regular price to everybody that comes along with money in his hand. It may be that some other department of the government may insist on these manufacturers taking out a liquor license before they are allowed to put out their goods, because of the large amount of alcohol contained therein; or the postoffice department may question whether they ought to have the use of the mails because of the large amount of misrepresentation contained in their advertising matter; but however all this may be, the department of justice does not propose that there shall be any combination to keep up the prices, or to prevent department stores from being able to furnish their customers with whisky in disguise. The department which is opposed to combinations, proposes to look after its part of the business, if even the goods, wares and merchandise that it is interesting itself in deserve to be dumped into the ocean, instead of sold to the people who are under the care of our more or less paternal government.

The New Medical Directory.—It is too far away to be able to predict what will be the result of the enterprise of the managers of the American Medical Association to publish a medical directory. There is considerable criticism of the step, and it is not apparent that the criticism is promoted by the publishers of the rival directory in the United States. Doubtless Polk's directory has friends, who do not believe that it is necessary for the national association of physicians to go into Polk's business territory. Such independent journals as the Medical Record is very strong in pronouncing against the move. It claims that it is "pure impudence" on the part of those who are getting it up, to charge the members of the American Medical Association for the directory. The fact is that the surplus in the possession of the American Medical Association is so large as to be liable to excite the cupidity of the men in charge of the management, and the rank and file members believe that this surplus belongs to them. Their feeling is very much like that of the policy holders in the large insurance companies, who are not satisfied with the dividends doled out to them at the behests of actuaries, whose business it is to scale down, rather than to scale up, when the interests of the policy holders are concerned. If the work being done in Boston as this is written, is not decisive in effecting a change at Chicago, there will be a battle royal in United States medical circles between now and the 1907 meeting of the A. M. A.

Legislation for Open Air Sanitorium.—The following circular, signed by a committee consisting of Drs. S. E. Josephi, A. C. Smith and Henry Waldo Coe, was sent out very generally, but it is worth republishing, and every citizen in the state should work along the lines suggested therein:

"Portland, Or., April 20, 1906—Dear Doctor: At a meeting of the Portland City and County Medical Society held last November, the undersigned were appointed a committee, authorized and empowered to take prompt measures in educating the public as to their duties and responsibilities regarding tuberculosis; also as to the disinter-

Digitized by Google

ested and loyal work of the Medical Profession in the especial lines of prophylaxis, hygiene and sanitation, and to determine the advisability of conducting a campaign of medical instruction to the laity, through the medium of the lay newspapers, and from impersonal contributions; or through leaflets and circulars endorsed and authorized by the State Board of Health, and properly distributed to the citizens generally, and to proceed with some organized plan of state dimensions, to shape and mold legislation at the next session of the Oregon Legislature, looking to such purposes as securing the enactment of such laws as in the securing of a sufficient appropriation for the support and maintenance, at least in part, for an open air senatorium for consumptives, in some suitable part of the state, and other similar purposes which in the judgment of the committee may seem proper and desirable.

"The committee has mapped out some work along the lines indicated, and feels that the enlistment of interest in health legislation by all the members of the county and district medical societies throughout the state, is necessary to the carrying out of that part, at least, of the resolutions referring to 'shaping and molding legislation at the next session of the Oregon Legislature.'

"We therefore ask that each of your members be requested, either personally or by letter (copies of this will be furnished for the purpose), to use all proper influence with the members from his county to urge the conservation and enactment of such medical laws, as in the judgment of the profession, are for the welfare of the public and especially for the appropriation of money for the creation and support, at least in part, of open air sanitoria for consumptives, in suitable parts of the state.

"The success of the Sanatorium at Portland in the treatment of tubercular cases has amply demonstrated the usefulness of such means, not only for the benefit of those who are too poor to travel to other states in search of similar facilities, but also for those who are able to spend money out of their abundance.

"Needless to say to you that the open air treatment can be provided in any part of Oregon quite as effectually and as successfully as anywhere else. Good may be done and thousands of lives saved to useful years, if the patient can be brought under the influence of the open air treatment early. With home places this could be accomplished even with the poor, and it is a crying need of the times that such, at least, should be provided for. At the proper time legislation will be presented, but what is wanted before the Legislature meets, during the campaign prior to election indeed, is education along the lines indicated. Let each one exert his influence with his local legislators in urging, in a spirit of true humanity, what is good for the public health."

High Handed Journalism.—In a recent issue, our esteemed contemporary, the Medical Standard, under the above heading, takes the A. M. A. Journal to task for publishing certain false statements about the American College of Medicine and Surgery, without having taken common, ordinary precautions to verify its information. It is safe to say that while the Journal is under its present management, it will continue to be high handed. We may ask concerning Simmons, who stands on a lofty pedestal and imagines himself bigger than anybody, "Upon what meat doth this our Caesar feed, that he is grown so great"? Fairness to colleges and contemporaries, lack of graft and other good qualities that should go

Digitized by Google

with the Secretaryship of the A. M. A., and the editorial chair of the Journal, and the general management of the Association which seems to be in the hands of Simmons, Billings, McCormack and others of like temperament, will not come until there is a complete turning over of the entire machine. A new deal is as much needed at the headquarters of the Association as at the headquarters of most of the large life insurance companies. It is gratifying to know that the awakening has begun.

The Country Doctor in New York.—When Doctor So-and-So buys a ticket for the Atlantic coast, and reports that he is going to visit the hospitals, and make observations of the clinics, his friends are glad. They are happy at his prosperity, which enables him to take a well-earned rest; they are thankful that his patients will profit on his return, from added knowledge. A country doctor from the West, in commenting recently on a visit to New York, in a letter from that city said: "We all enjoy coming here and getting information as to the progress of things medical and surgical. We sit on the benches and listen to many statements which we know are not so, and simply swallow and say nothing, for who are we but country doctors? We see surgical sins repeated day after day which would and should be ground for malpractice suits were the facts known to patients and their friends. In nearly every hospital I have visited I have noted these errors, and by the most advertised men in the profession of New York at that. But we are only listeners and we go back home and try, to the best of our ability, to sift out the wheat, and of course are greatly benefited, for there is so much of use in what we have seen and heard. I have digressed somewhat from what I started out to say, and that was: Take out the hospital staff men of New York and the medical men of the city will not average so well as their country brethren. A very good reason can be given in support of this statement. The country doctor has to face all kinds of difficult propositions in medicine and surgery. He cannot call an ambulance and rush his patient to a hospital and relieve himself of all responsibility. He has to think, and think quickly. He must have his wits about him.."

Life Insurance Examiners.—The following resolutions were adopted at the late meeting of the Oregon State Medical Association:

Whereas, in consideration of the time, skill and care necessary for an examination for life insurance, we deem that the fee of five dollars is a fair, reasonable and just charge for such examination; therefore be it

Resolved, That on and after July 1st, 1906, each and every member of the Oregon State Medical Association shall not make any examination for old line insurance companies for less than the sum of five dollars; and be it further

Resolved, That such life insurance companies as are now paying less than five dollars be notified by the Secretary that on and after July 1st, 1906, no regular life insurance examinations will be made by any member of this Association for less than five dollars; and be it further

Resolved, That any member who violates this resolution shall be suspended from the Association; and be it further

Resolved, That it shall be unlawful for any member of this Association to consult with any physician so suspended.

We, the undersigned members of this Association, hereby agree to abide by the terms and conditions of this resolution.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE HEALTHY NORTHWEST.

Major Woodruff's widely read articles served not long since to call attention to the healthfulness of the Pacific Northwest. This has been emphasized by the publication of the low death rates of our local large cities. C. E. Hill, in an article on Pneumonia, read before the Portland City and County Society, recently presented statistics which tend to show that the local mortality from pneumonia is two to three per cent less than that in the East. E. A. Pierce, before the State Medical Association, stated that tuberculosis is less prevalent here than elsewhere. In the discussion in W. L. Cheshire's paper on "The Typhoid Epidemic in Eugene," J. F. Bell and others pointed out the fact that we rarely see locally the severe forms of the disease common in the East and described as typical in most of our text books. Most clinicians will agree that typical lobar pneumonia and severe scarlet fever are conspicuous through their comparative rarity. Such information as the above should be more widely disseminated than has been the custom in the past, for it is borne out by the Surgeon-General's statistics, which prove, to quote from Woodruff, that the "Pacific Northwest is the healthiest region of the, United States."

"ACCURATE INFORMATION."

According to many, statistics belong to the ultimate class of liars, a class listed by itself beyond the pale of the third or superlative degree. They can be used, it is said, to prove anything on any side of any subject. And this is true of even good statistics. What, then, may be said of those which are unreliable or badly prepared? Statistics have their uses. Many of our most telling arguments derive their chief value from statistical backing. How else could we compare the prevalence of various diseases, how know which to combat by expen-

Digitized by Google

sive hygienic measures because of their disastrous import and which to treat lightly as of little consequence.

But if statistics are to be of real value they must be accurate. Physicians above all other classes of men should realize the importance of painstaking care in their preparation and preservation. A vast quantity of knowledge relative to disease is derived from records in our health departments, more especially those dealing with causes of death, and it is a source of surprise to find how indifferently such causes are recorded by many practitioners. If a cause is assigned that will satisfy the legal demands, and do away with the need for an inquest, it is often deemed sufficient. Hence the certificates state that death was due to "heart disease," "paralysis," "exhaustion," "old age," "pneumonia," "meningitis," and a host of equally vague or indefinite ailments. When it is realized that heart disease may mean endo-, peri-, or myo-carditis or angina pectoris; that paralysis may mean any one of a half dozen forms of brain or cord lesion, and that pneumonia may be used to designate any pulmonitis from that form of inspiration pneumonia following a surgical operation through to that specific, endemic and epidemic, destructive and probably contagious disease, croupous or lobar pneumonia, the inadequacy, from a scientific standpoint, of such diagnoses becomes at once apparent. "Pneumonia" and "meningitis" as names may cover widely different forms of disease, some benign in their influence and others positively malignant in their destructive and infectious character. Health officers throughout the country are demanding accuracy in this matter, and urging the use of complete descriptive designations such as inspiration, broncho, tubercular, or croupous pneumonia, pulmonary, articular or peritoneal tuberculosis; tubercular, pachy, epidemic or pneumonic meningitis, etc. One of the strongest evidences of advancing civilization is that of accurate registration of vital statistics, and it should be a privilege as well as a duty of the physician to see that accurate statistics only pass from him to the proper recording officials.

PREVENTION OF DISEASE IN THE ARMY.

One of the most valuable contributions to the problem of the prevention of disease in the army is an essay on that subject which secured the Seaman prize, written by Jefferson Randolph Kean, Surgeon in the United States Army. It is well worth a careful perusal, and in the future, when the politicians of the country will permit a thorough rehabilitation of the Medical Department of the Army, with ample funds and ample authority for the medical department to operate upon, this essay will give many ideas that can be well worked out and carried into effect. Until such time comes through the medium of Hague conferences, that the swords of the nations shall be beaten into plowshares, and their spears into pruning hooks, with guns devoted to

Digitized by Google

similar peaceful uses, the Medical Department of the Army is entitled to much more attention than it is receiving. Dr. Kean is well qualified by experience and observation to speak on the subject of his essay. In his excellent summary at the end of his paper, Dr. Kean states that the two infections most to be feared in our army in time of war are typhoid fever and bacillary dysentery. His views on the occupation of camp sites is drawn from experience, and is exceedingly practical. Unfortunately, in many cases disease follows from the unwillingness of the purely military authorities to follow the suggestions of the Medical Department. He suggests that there is only one way to keep the army reasonably free from disease, and that is to secure the following machinery: An adequate and well trained medical personnel; a system of instruction in hygiene for line officers; instruction of enlisted men by their officers in the elements of personal hygiene; the establishment in the army of a service of camp sanitation to be administered, preferably by the Medical Department. A division sanitary inspector to be at the head of this service.

ARE THERE TOO MANY DOCTORS?

Courtesy and encouragement are extended to the young doctor by his fellow practitioners. No rules like those of the trades unions are invoked, the object of which is to keep down the number of learners. The legislatures enact laws, under which men are not allowed, lawfully, to practice medicine for pay, unless they have passed certain examinations, but these restrictions are not in any sense for the sake of curtailing the number of practitioners but are solely to protect the health of the public. The question is being asked more and more if it would not be well for practitioners to do more than they are doing to discourage their young friends from joining the already overcrowded ranks of the profession. Organization, and the compilation of fee bills are well enough in their way, but they cannot do everything to keep the fees on a living basis, if the profession is over-crowded. Some theorists hold that there cannot be too many ministers of the gospel or too many missionaries; but in these practical days, the men who realize that ministers and missionaries must eat and be clothed, question the position of the particular theorists referred to. So the theorists who claim that there cannot be too many who are skilled in ministering to the physical and mental ailments of the human race are equally at fault. It is stated that 5500 medical students were graduated in this country last year. About 2300 physicians died. More foreign physicians came into the country than departed to other lands. The supply is exceeding the demand. In the opinion of some people, it would be an advantage to the profession if there were no more men graduated from medical colleges for the next five years. We need not express an opinion as to this, but the subject is at least worth more than passing consideration.

Digitized by Google

MEDICAL ADVANCEMENT.

BEING THE PRESIDENT'S ADDRESS.

By HENRY WALDO COE, M. D.

Delivered before the City and County Medical Society of Portland, Or., May 17, 1906

Seventy-three physicians have been added to our membership during the term just closing.

On May 23, 1902, a Committee on Constitution and By-Laws of the State Medical Society, consisting of George F. Wilson, chairman, C. J. Smith, A. J. Giesy, S. E. Josephi and W. T. Williamson reported to the Executive Committee of the Oregon State Medical Society a new Constitution and By-Laws. In the report the committee said, "It will be observed that the report embodies a radical change of the Original Constitution and By-Laws."

This report was taken up by the Executive Committee, and with one or two minor alterations was reported to the general society and adopted at the annual meeting of the State Society, in September, 1903.

The Executive Committee consisted of J. F. Dickson, H. W. Coe, G. M. Wells, A. C. Smith and W. F. Amos.

It will be noted that both of these committees were largely made up of older and more conservative members of the society, and any proposals which under their advice were adopted, must have been well warranted by existing circumstances, no matter how revolutionary they might then have appeared, or how slow some might have since been in accepting the same.

In such report as unanimously recommended by the Committee on Constitution and By-Laws, again endorsed by the Executive Committee and then adopted by the society, are found the following clauses:

"Each county society shall have general direction of the affairs of the profession in the county and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and systematic efforts shall be made by each member until it embraces every qualified physician in the county."

"It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under Medical Society influence."

In pursuance of such instruction, members of the Portland City and County Medical Society have been at work securing members, and the society since that date has grown by rapid strides. With every addition of a new member to the society there has come added enthus-

Digitized by Google

iasm and another agent to proselyte among those without the society. In 1903-4 eighteen new members were added. In 1904-5 twenty-four new members were added, while during the present session, stimulated by the success of the late A. M. A. meeting at Portland the great increase of seventy-three members has been secured.

Portland was one of the last societies in the land to fully accept the new dictum of the American Medical Association that therapeutic belief or disbelief should not be taken as a basis of membership or exclusion from membership.

I remember the comment that a paper created which I read twelve years ago at the meeting of the State Medical Society at The Dalles, in which I raised the point that as long as no two of us who were then in the society would pursue the same course of medical treatment for a given case, it looked unreasonable that we should maintain barriers against some others, who also agreed with none of us, as to the treatment of such condition. As this was long before the American Medical Association had "reorganized" its own position upon this subject, it was not surprising that these views met with decided opposition.

The older members of the regular profession had made an acquaintance with the votaries of sectarian medicine as it existed in early days. These people had no colleges and had largely gained their meager medical knowledge, as, under the circumstances, they had to, from "the book," and their claims seemed unreasonable. Again, their lampooning of regular medicine, often, I regret to say warranted, was unmerciful, so that the feeling of antagonism became and continued intense. Being excluded from regular medicinal channels, they built their own colleges, wrote their own books and printed their own journals, and thrived upon the opposition made against them. The fact that their students passed the state boards, while a majority of such boards were of the old school, began to demonstrate that outside of therapeutics, there was little or no difference between us.

Some of the older members who opposed the admission of these practitioners and insisted that the rules against consultation with them should remain upon the books, preventing the younger and less brave from meeting them, yet freely joined them in consultation themselves. We had the anomalous condition of one set of practitioners in our societies advocating free consultation, but in the meantime refusing to so consult until the code should be changed, while another set in the society strenuously opposed any change in this regard, yet, never refusing, upon one pretence or another, any lucrative consultation. It must be said, however, that many who opposed change, still lived up to the code.

Dr. N. S. Davis was considered the father of the American Medical Association. He was bitterly opposed to the proposed change. The matter under various phases came up in the A. M. A. on several occasions. The profession was, however, getting ready for the change. The younger men in the profession were especially anxious for it, as it appeared to them as desirable in every particular. They knew only

Digitized by Google

the men of today, and cared nothing for the traditions of the past. Twice when the matter came up in national convention, it was only defeated by the cry—"It is coming, but wait till Dr. Davis dies. He cannot last much longer. He is the father of the A. M. A." And so it went over. But Dr. Davis continued to live and live. He was about 90 years old at the time of his recent death. The new code men finally insisted upon bringing the thing to an issue, which they did about five years ago, and it passed the national body almost unanimously. Having been one of the early advocates of this change, the adoption of the new code, and the fuller acceptance of the spirit as well as the letter of the same by the Portland Medical Society under the present administration, is especially gratifying to me.

It has been a personal ambition on my part to see that the clause in the state constitution and by-laws already referred to, which says *"systematic efforts shall be made until it (the society) embraces every qualified physician in the county"*—should be lived up to in spirit and in fact.

The disposition to cement the Portland profession together into a compact whole, was manifested in the Portland Medical Society by a resolution which passed the society by a substantial majority, in which the society proposed to create a second organization into which every licensed physician of the city should be invited. This move was in line with the avowed purpose of the committee first referred to, to bring the profession closer together. Some at this time did not think that a majority of the society desired that such closer relation of the profession should be had within the Portland City and County Society. At a later date a resolution was carried, tabling this motion for a second society, passed in view of a manifest determination of a great majority of the membership of the society to continue the broadening process, but to pursue this action under an active propaganda within the society.

An informal discussion of the matter was had outside this society, in which substantial pledges were secured from those among the most conservative members of the society, that opposition from within would be withdrawn, and that hearty co-operation with this idea should be extended the project all along the line.

Dr. E. F. Tucker offered a motion which carried with but three dissenting votes, that a committee of five upon invitations should be appointed, of which your president should be chairman, which committee should be authorized to go out and systematically canvass for new membership, reporting the members secured to the society.

Upon this committee I appointed E. F. Tucker, Andrew C. Smith, J. F. Dickson and K. A. J. Mackenzie, who, with the president faithfully set about to carry out the mandates of the society. Time was, however, limited, and this work is but half finished.

I have given the names of these various committees to demonstrate at this time that while the younger and more radical element in the society doubtless were more earnest in the advocacy of the changes which have occurred in our society, to the older and more conservative

Digitized by Google

heads almost exclusively, have the details of such proposed changes been delegated.

That I have taken a very active part in the work, I have no desire to dispute, for I feel that it is a work worthy of the best efforts of better men here than I am, and of every woman in the society, but I do wish to demonstrate that if it has been as revolutionary as some have asserted, such revolution was well backed by members of the most conservative section of our society who acted upon the three important committees, out of which in pursuance of the mandates of the American Medical Association, our society has changed its methods of passive growth to the most active system of propanga which is possible. Another matter which I desire to show is that this change in sentiment and growth in activity has been a continuous one since the time back in 1901, when the first committee named was appointed. We needed no outside suggestions in our modern movement. We have been growing steadily. The meeting of the American Medical Association in Portland last year gave us, it is quite certain, a decided uplift. The visit to our society later of one who has sought to throw discredit upon us was the only unpleasant feature of the work. Had this not occurred, perhaps a round hundred members would have been added during the present session.

During the past year, the Portland City and County Medical Society placed upon its officers and members a mighty burden of responsibility and work. It was only because I realized the vastness of the work, and because my own word was out, as to the manner of entertainment, and because some slight burden of responsibility for the coming of the American Medical Association to this city possibly rested upon my shoulders, that I consented, a few hours before the time of the last meeting, to accept the position of your president, if the society should thus very greatly honor me. My time was fully projected upon other work. I have made no complaint, but must now say that I never before realized what age was, or that I am growing old, until we were somewhat near the end of our efforts for the welfare of the visiting brethren, nor have I felt since that time the old snap of service which was in me before that event.

A few months ago the General Committee in Boston asked me to discuss with its officers some of the financial phases of the entertainment. When I told them of the sacrifices of the Portland physicians and its friends, and that nearly $25,000 had been raised for the care and comfort of the visitors, those who were not here were astounded. When I told them that a dividend of 51 per cent was returned to every subscriber after all bills had been paid, those who were present were doubly surprised. They wondered that the total sum would furnish the entertainment. A return of more than one-half the money seemed impossible. Although myself the chairman of the General Finance Committee, I wish to accord to others, and especially to Dr. Andrew C. Smith, credit for the great saving mentioned. He was the special watchdog of the treasury, as well as chairman in charge of the entertainment features.

Digitized by Google

The A. M. A. being in Portland, most of the work fell upon Portland doctors. The General Committee, the Finance Committee, and other sections of workers, representing the American Medical Association, were appointed out of our own membership.

Your society at its last annual session passed a resolution, in which it was stated that the City and County Medical Society not only had a duty but also possessed a privilege, of taking a substantial part in the entertainment, and your president was instructed to work out such matter.

The work of the entertainment was placed by your president into the hands of various committees, authorized to choose their own managers, and all are very proud of the work you were able to do, in the entertainment at the Oaks. You were over-crowded, it is true, and some mistakes were made, but everywhere in my travels I have heard praise of the work done by this society in its own function, in which every member of the society not only had an opportunity, but was expected to assist. This, too, was but a small part of your individual labors, for you were always ready to assist the General Committee in any of its work. While congratulating you upon the success of your meeting, we must not overlook the debt of gratitude we owe to the physicians of Idaho, Washington, Montana, Utah, California and Colorado in their large attendance, and the spirit evinced in financial assistance so generously accorded us by our Idaho brethren.

Some months ago you appointed a Committee upon Medical Legislation consisting of Dr. S. E. Josephi, chairman, Andrew C. Smith and Henry Waldo Coe. This committee is still in service, and if no change is made therein, will doubtless be able to be of some help to the profession, in public matters, assisting the committee from the state society recently appointed. Dr. Josephi has tonight made report of the work done by his committee up to date. He also reports the circular sent societies and physicians. This is full of good advice, for which Dr. Josephi deserves all credit, as he drew up the same and attended to it alone.

A discussion was had at one meeting of the society touching the question of securing as many physicians upon the various political legislative tickets as possible. It was not found practicable to make an open fight for independent candidates.

Dr. Thornton was placed before the primaries by republicans and Dr. Wells by democrats. Both of these men were defeated.

Dr. Wells is one of the best known men in the city, a practitioner of standing, an ex-professor in the Medical College and an ex-president of this society. Dr. Thornton has been for many years an active member of the local and state socety. Another member of the society, a candidate for coroner, was defeated by a layman. It may be well stated that Dr. Wells was defeated because his name began with W and Dr. Thornton because his initial was also low down in the alphabet, yet on one of the tickets, the voters went way down a long list and nominated a man named Wilson.

The fact is that the medical profession is still looked upon by the

Digitized by Google

public as not fitted for political duties, and that those who vote consider the profession theoretically all right but practically untrustworthy. Here and there a doctor secures political pre-eminence, but he does so, not because he is a doctor, but in spite of being a physician. This fact has kept the medical profession out of its own, and given every vagary and medical monstrosity an undue advantage over legitimate medicine.

As an evidence of the politician's belief regarding the aspect of the public toward doctors for public life, it is to be noted that in the present campaign a decided appeal to prejudice is made against one of the candidates for office in that he is a "doctor," although he is but a member—an honored member, however—of a collateral branch of the medical sciences.

If, as stated before the state medical meeting yesterday, the doctors' constituency is among the women, and his influence is more in the home than with any other class of our citizens, we will come more into our own when our special constituency is given the ballot, as is thought by its advocates will be done in June. Certainly the addition to the voting constituency of Portland of our own lady members of this society would add to the political strength of the medical profession in its fight for better hygienic conditions, a more beautiful city, and a more rational conception of the rights of the profession to which we all belong. I am sure that none of us men desire to maintain over these ladies in our own ranks any preference in this matter.

Under or new constitution and by-laws we are enjoined to crowd the younger members of the profession to the front. In pursuance of this plan, when the program was made up for the present year, preference was had for the newer members of the society. With about 200 members, as at present constituted, in one's turn, even the younger members will hereafter have much longer to wait for the opportunity to present a paper.

The papers read have been as follows:

LIST OF PAPERS 1905-6.

Oct. 4, "Reorganization of Medical Profession," Dr. McCormack, A. M. A.

Oct. 18, "Recent Observations on Tuberculosis," E. N. Crockett.

Nov. 18, "Some Cases of Surgery of the Stomach," E. F. Tucker.

Nov. 15, "The Practical Side of Infant Feeding," R. J. Marsh.

Dec. 6, "Responsibility of the General Practitioner in the Treatment of Appendicitis," R. C. Coffey.

Dec. 20, "Diagnosis and Localization of Brain Tumor," Wm. House.

Jan. 3, "Discussion of Dr. McCormack's Article and Editorial in the Journal A. M. A.," Dec. 9, 1905.

Jan. 17, "Finsen Light," J. C. E. King.

Feb. 7, "Notes on the Social Aspects of Dermatology," A. Tilzer.

Feb. 21, "Displacements of the Uterus," Marie E. Equi.

March 7, "Discussion of Resolutions on Lodge and Contract Practice."

Digitized by Google

March 21, "Acute Inflammation of the Accessory Nasal Sinuses," J. N. Coghlan.

April 4, "Nasal Obstructions," J. P. Goray.

April 18, "Drainage," J. S. Sternberg.

May 2, "The Increasing Mortality from Pneumonia," C. E. Hill.

May 16, Annual Meeting and Election of Officers.

This brings me to a suggestion, which has long been growing in my mind, and that is the necessity of handling our scientific work more like an Academy of Medicine than the old-fashioned County Society. Portland is growing, and Portland medicine must keep pace with such growth.

Because one presumably knows more of his own line of practice than that of any other, let me refer to the changes which have occurred here in the neurological section of medicine. I remember when two, and certainly not more than three practitioners of medicine, covered all who had any special fitness or standing in this community, along neurological lines. Today a section could be organized of those who are working along such lines, in which not less than a dozen competent men and women would be able to handle the intricate problems of this special department, with credit to themselves, and benefit to each other. Men and women in the same line are not infrequently inclined to be captious and critical of each other and to say things not as complimentary as should be. That frequent meetings of those specially interested in internal medicine, neurological, surgical, gynecological, ophthalmological, and other departments, would not only build up a stronger class of practitioners in each department, but that more social natures of all would be softened, and greater friendliness arise therefrom I feel sure is true. Then, too, the character of work done under classified departments would be of a much higher grade, and more of this work would be done. When we are presenting a paper, from a specialist to a body of like specialists, we will have more critical listeners than though we were talking to a mixed audience of doctors. We must, therefore, prepare such papers with greater care and accuracy. With the sections, there would also be a better opportunity of presenting papers and reporting cases, for in smaller bodies all would have time and opportunity.

One plan which might be carried out, would be to have a general session on the first Wednesday in each month, and the sections upon the third Wednesday. A half dozen meetings might thus occur on the section night. All members could be notified of the work in the different sections by postal as at present, and the general practitioner could go where he might be most interested upon the section evening.

I would suggest that a committee be appointed to consider this matter and present a plan of action at the opening of the year's work next Fall. At least that such committee should consider the matter, and make such report, for or against the project as may seem proper.

The work of your secretary is now to become greater, and I would recommend that a slight increase in the salary be made for him.

I look forward to the time when the City and County Medical So-

Digitized by Google

ciety, acting as an Academy of Medicine, shall have a home of its own. That at such time, a carekeeper shall be put into commission in charge of such home, and that some individual shall be chosen, dependent upon general fitness, who may act as secretary of our Portland and Oregon State Medical Associations, from the treasuries of which shall come sufficient funds to remunerate him for his entire time, in the service of the united profession. At this time we are unable to make such arrangement, but in the near by future, such moment is sure to come. A home for the Portland doctors should very soon be arranged. A reading room where one may wish to come. The present Portland Library arrangement is wholly unsatisfactory. Hardly any of you ever go there, although some have given good-sized sums for its medical purpose. If you had a place for them, I can promise you monthly 150 to 200 medical journals for your files free of cost, a donation from the exchange library of the Medical Sentinel. No doubt others, in other ways, would give even more freely.

In closing, I desire to thank you for the great honor you conferred upon me in choosing me as your president during the American Medical Association year. I wish to apologize to you for the many shortcomings, derelictions and failures upon my own part. To thank the officers who have served with me, and for me during my absence at times, and for the great consideration and kindness manifested during the entire term, by such officers and the whole body of the society. My membership with you is one of the most highly prized possessions of my life.

Wishing you all length of years, prosperity and happiness, and that our good society may ever increase in numbers and grow in power for good, again I thank you.

The Pharmacopeia and the Physician.

Chapter XXI.

Drugs acting on the skin and mucous membranes, mainly when externally applied, are the subject of Chapter XXI of the special article (Journal A. M. A., May 19. After some general remarks as to the points of application of counterirritants, and on the stimulating action of baths, saline and others, the subject of rubefacients is taken up. Alcohol is first considered and a caution is given against any employment of wood alcohol which may be dangerous, even if used only externally. The popular preparations of hamamelis, arnica, etc., are mentioned as being effective mainly through the alcohol they contain, and soap liniment is also referred to in this connection. The use of chloroform and its action as a rubefacient is next considered, and, after it the irritant volatile oils, capsicum, mustard, etc., and their official preparations. The use of heat, by means of poultices and the substances employed are next described and a word is given regarding the utility of formic acid as a rubefacient. The concluding paragraphs are devoted to the rubefacient action of iodin and the saponified petrolatum of the National Formulary is mentioned as likely to replace the other preparations as a medium for its external application.

Digitized by Google

TREATMENT OF PHTHISIS PULMONALIS.

By E. F. Maginn, M. D.

Late Instructor Diseases of Chest, College of Physicians and Surgeons, Chicago, and now Physician to Murray Hospital, Butte, Montana.

If one were to judge of a disease according to its distribution and the degree to which it menaces health and prematurely produces death, Pulmonary Tuberculosis assumes the first rank. It has been known as far back as the memory of man extends, and has unceasingly decimated the human race for hundreds of years. The present understanding of tuberculosis hardly antedates the present century. As early as the year 460 A. D. to 377 B. C., Hippocrates gave a description of the classical symptoms of pulmonary consumption. Aside from the alarming high rate of mortality, tuberculosis attains an especial politico-economical significance as it not only claims its victims from the children, whose maintenance and education represent but a comparatively small outlay, but to an extent of more than 75 per cent from the breadwinners of the family. This dreadful result of the ravages of consumption is brought forcibly to our notice here in Butte, where the greater part of the male population is employed in the mines, working in artificial light, impure air and dust, conditions predisposing toward consumption. When their work is over in the mines they return to their homes, remaining indoors in small houses with doors and windows tightly closed, the rooms permeated with gases from cooking, clothing, etc. Consumption should be called a house disease, as it is usually brought on by confinement and malnutrition, conditions which lower resistance and so prepare the road for the tubercle bacillus.

In accordance with our present knowledge, consumption responds to treatment only in its early stages; therefore, it is imperative that we make an early diagnosis, using all the means in our power to do so. In conjunction with the physical examination, we should make use of the microscope. In suspicious cases in which sputum is negative, make use of the tuberculin test; this is done during a period of apyrexia. After taking the temperature for several days and finding it normal, should inject, at night, 10 miligrams of tuberculin diluted in 1 c.c. of water. Taking the temperature the next day in positive cases we will find a rise of temperature, which may reach 104 degrees. This test will prove of value in a large percentage of cases. Arloing and Courmond, in 1898, stated that the blood of rabbits and goats, after having been treated with tuberculin, gave a serum reaction. Also, that the blood of patients having pulmonary tuberculosis gave a reaction in dilutions of 1 to 10 and 1 to 20. This reaction is not constant and would be of little use in diagnosis. Vetlesen recommends the use of potassium iodide for the purpose of increasing the amount of

Digitized by Google

sputum and developing rales in suspected apical lesions. He reports 27 cases, in 8 of which he obtained positive results, bacilli having appeared in the sputum. I present these points to draw attention to the fact that it is imperative to make an early diagnosis in order to gain the best results.

The treatment of pulmonary tuberculosis is specific, dietetic, hygienic and symptomatic. No single element in the treatment affords a guarantee of positive results. It is only by the satisfaction of all the physiological and hygienic demands of the organism to the smallest detail that we can bring about the desired results and these points should be borne in mind by the physician at all times. The incipient cases are the ones with which we expect to gain results. These are the ones with which we have the most difficulty in convincing them of the true state of affairs, and the ones which most physicians hesitate to inform of their condition, usually putting them off with a diagnosis of chronic catarrh, chronic bronchitis, catarrh of the lungs and such absurd statements. These statements are not sufficient to establish a bond of sympathy between the patient and physician, nor are they impressive enough to induce the patient to make a complete change of the established habits of life and endure apparent hardships. This state of affairs can only be reached by having a full understanding of the facts in the case. First, the patient should know the condition, and second, should understand that with complete confidence in the physician and by following directions explicitly, results are to be obtained. I do not mean by these statements that the physician should immediately impart the truth to the patient. When the patient's anxious look and trembling tongue betray his agitation and fear, the physician should cautiously impart the truth to him, first instilling hope of beneficial results from treatment. After gaining the complete confidence and control of the patient, the physician should next think of the most effectual treatment of that individual case. The financial condition of the patient is an all-important question, and should be thought of in every case. A great many hardships have been caused by advising a change of climate or an elaborate system of treatment for patients who are financially unable to follow these instructions. Today, there is not so much of this habit of ordering patients to go away, as physicians are beginning to realize that these cases can be treated as well at home or in the immediate vicinity.

The most noticeable effect of pulmonary tuberculosis is the progressive emaciation. Our first efforts, therefore, must be to check the increased metabolism, to make good the pressing deficit and by an increased nutrition to cover the loss which has already occurred. First, then, would be dietetic or forced feeding, with due care and attention to the digestive functions, as they are easily deranged. All dietary rules must be direct, exact and clear. An order to eat well and drink lots of milk will certainly not produce results, and does not furnish the patient with any exact knowledge. The time of eating, the amount and quality of food, should be prescribed.

For breakfast, patient should have: Gruel, meat, toasted bread and

Digitized by Google

butter, one to two raw eggs and one glass of milk and cream equal parts. One glass of milk and cream and one egg may be given between breakfast and dinner.

For dinner—Soups, vegetables, meats, toast and butter, rice, custard or bread pudding and one glass of milk and cream and one egg. At 3 o'clock, a glass of milk and cream and one egg.

For supper—Roast meats, vegetables, cold meats, toast and butter, dessert and one glass milk and cream and one or two eggs. At 9 o'clock, a glass of milk and cream and one egg.

Patients are rarely able to take over one and one-half quarts of milk and cream in 24 hours, but the eggs can be gradually increased until the patient is taking as many as 24 a day. Very often during the treatment we have to contend with a very annoying condition of anorexia and disgust for food. The physician should under these circumstances employ all the means in his power to overcome this, such as bitter stimulants before meals, gastric lavage, weak faradic current, care of the mouth and teeth, and even employ gavage. Patients may be disgusted by having too full a diet presented in the beginning. Three points of use in the treatment of anorexia are, constant sojourn in the open air, complete rest in bed or a half-hour rest before and after the meal. May in some cases advise a change of climate, providing the patient has the means and will be under the direct supervision of a competent physician. Some patients will complain of heart burn and refuse to take the large amounts of nitrogenous food prescribed. This is usually an indication of a hyperchlorhydria due to over stimulation of the secretory functions of the stomach. This condition may be overcome by ordering a powder containing sodium bicarbonate and calcined magnesia to be taken two hours after eating.

Nourishment and air are therapeutically on a par. One of the fundamental requirements, therefore, is the complete enjoyment of the pure air in order to gain results. Patients should live out of doors entirely. In cold climates or during the winter months, a specially constructed shed may be built in such a manner that it will admit an abundance of fresh air and sunlight. The temperature in this shed may be kept in the region of 50 degrees Fahrenheit, with the aid of a stove. The patient may wear flannels and a hood fashioned in such a manner as to keep the ears and cheeks from freezing. Sunlight is an exceedingly valuable aid in the treatment of tuberculosis, as light has a destructive effect on bacteria. Patient should also have a certain amount of exercise, watching the heart, as we often get a myocarditis. The patient should not exercise if he feels fatigued or respiration becomes accelerated. Those whose temperature runs above 99 degrees Fahrenheit should be put to bed immediately and absolute rest insisted upon. To aid digestion, massage all parts of the body with the exception of the chest. In conjunction with the exercise and rubs, patient should have a cold bath in the morning. They will not all stand the full cold bath well from the start, but they can be gradually brought to it. If the temperature persists above 101 degrees even with absolute rest, apply ice bags to the head or cold sponges to the body. If

Digitized by Google

there are signs of progressive consumption or cardiac irritability, the patient should be put to bed and absolute rest insisted upon, irrespective of the temperature. Absolute rest slows the pulse, decreases the metabolism and reduces the temprature.

I have said nothing of the use of drugs in pulmonary tuberculosis as the patient does much better without them. If used, they should be used with caution and then only to meet some symptom which might arise. They should still be withheld if relief can be gained in any other way.

Arthritis Deformans and X-Rays.

J. M. Anders, J. Daland and G. F. Pfahler, Philadelphia (Journal A. M. A., May 19), report two cases of arthritis deformans successfully treated with the X-ray. The exposures were made three times a week with about 1 milliampere of current for 15 minutes. Internal treatment and massage were also employed. While the report is made as a preliminary one only, the authors say that they consider the method a valuable one, the rays stimulating the metabolism of the affecte djoints. This should be taken advantage of and massage and passive movement added to assist in the removal of the exudate.

Sero-Prognosis of Tuberculous Pleurisies.

Following out his studies of the sero-prognosis of other disorders, P. Courmont, Lyons, France (Journal A. M. A., May 19), has investigated the agglutination reactions of the blood serum and of the pleural serosity in tuberculous pleurisies. He finds that the prognosis of tuberculous pleurisy with effusion is favorable, according to the intensity of the agglutinating power of the pleural liquid and grows worse with the diminution or absence of this reaction, which increases as recovery progresses and diminishes in fatal cases as death approaches. His conclusions are given, in substance as follows: 1. The mortality is about 25 per cent. in cases with agglutinating power of the pleural effusion, and about 75 per cent. in those in which it is absent. 2. In patients with agglutinating effusion the ratio of recoveries is large in proportion as the agglutinating power is high. 3. One can see the agglutinating power increase as the case progresses toward recovery, and vice versa. 4. These facts support what has been held concerning typhoid fever, viz., that the agglutinating reaction is a reaction of defense, or at least goes parallel with the reaction of resistence of the organism. It is in general in inverse proportion to the gravity of the disease and in direct proportion with the intensity of the resistance. 5. The study of the agglutination in tuberculous pleurisies leads to important prognostic conclusions.

Digitized by Google

THE DIAGNOSIS AND TREATMENT OF CHRONIC DYSPEPSIA AND ASSOCIATED SYMPTOMS.

By L. P. McCalla, M. D.
Boise, Idaho

Stomach diseases and the allied symptom complex have been treated for centuries on the hypothesis that the disease or cause of the symptoms was in the stomach itself, and the various terms used and the diseases which they imply have been dealt with very masterly by many of the best internists and stomach specialists.

It is my purpose to discuss the symptom complex usually called dyspepsia. This term has been variously applied and is very elastic in its application. I think we find, as a rule, that the conditions usually classed as chronic dyspepsia are due to some allied condition, contributory and causative, lying outside of the stomach itself: either to anatomic disproportions, as a healed pyloric ulcer leaving a stenosed pylorus; a duodenal ulcer which has caused stenosis by chronic muscular spasm and adhesions; a gallbladder or common duct inflammation which has fixed the pyloric end of the stomach and shut off the bile current, with perhaps a chronic toxaemia arising therefrom; a chronic pancreatitis subsequent to chronic gall tract infection, as the obstruction of the common duct, especially in the duodenal end, may cause a back flow of septic bile into the pancreatic duct which opens into the common duct; or a chronic appendicitis which has existed long enough to have disturbed the splanchnic nerve supply; or, lastly, some inflammatory pelvic lesion which disturbs the sympathetic nerve supply by the chronic toxaemia induced, or by the fixation of the intestines and omentum by adhesions. The kidneys, also, are often to be reckoned with, as floating kidney and nephrolithiasis are frequent contributory causes of gastric disturbances.

The diagnosis is of first importance always. To determine the cause of the symptoms is a great stride toward the cure. Diagnostic means for determining the various diseases of the stomach are not generally well known or practiced. Only too often does the physician when consulted by a patient with chronic dyspeptic symptoms content himself with asking a few questions, writing a prescription, and suggesting a careful diet. It is my candid opinion that most of these cases can be correctly diagnosed if we go about it intelligently and honestly, though it is sometimes necessary to resort to an exploratory incision, where, after a reasonable time and a painstaking examination, the diagnosis cannot be arrived at with a fair degree of certainty. If necessary, such exploratory operation may be done satisfactorily under local anaesthetic.

In order to determine the probable cause of a chronic stomach trouble we should examine the patient undressed and lying on a table

Digitized by Google

in a well lighted, warm room. Careful inspection will often help to determine whether the stomach is dilated. If the patient be thin, and many of them are not, we can often see the distended stomach. If the stomach muscle be atonic there will be little or no peristaltic wave. If there be a pyloric obstruction we can usually see the peristaltic wave passing from left to right. Tumors are frequently visible to inspection also.

Palpation is a very important means of arriving at a diagnosis. The head and shoulders of the patient should be raised and the knees well flexed to thoroughly relax the abdominal muscles. Never palpate a suspicious area first, but go carefully and quietly over the negative areas, getting your patient's attention and confidence by talking to him, and gradually come to the suspicious areas after you have gotten the patient fully relaxed and quieted, and now palpation will often do much to reveal the cause of the trouble. Tenderness, rigidity and muscular spasm induced by careful, firm pressure, means, as a rule, inflammation, such as an ulcer in the stomach or duodenum, appendicitis, cholecystitis, or some local peritonitis in the part palpated.

Percussion is also a valuable diagnostic means. If, after carefully outlining the size and shape of the stomach, you give the patient 30 grains of bicarbonate of soda in water, and the stomach is dilated thereby, it is prima facie evidence that hydrochloric acid is present in the stomach, and cancer is less probable. If the lower border of the stomach be as low as the umbilicus or below, and you have determined that it has not prolapsed, you are fully assured that it is dilated. If you have found the stomach dilated and sensitive over a certain area, with a history of vomiting and pain after eating, and hydrochloric acid present, the probability of cancer is less and ulcer more probable with some stenosis due to the contracting scar in the pylorus.

Now if we introduce the stomach tube, noting carefully the time that has elapsed since the patient has taken a meal, and obtain fluid from the stomach for chemical examination, and measure carefully the quantity of water introduced into the stomach and the quantity that can be syphoned out, it will give us valuable knowledge as to the condition of the digestive power, and as to whether there is any probable obstruction. If we now percuss carefully and mark the outlines of the stomach on the abdominal wall with a blue pencil, and then gently inflate the stomach with air by pumping it into the stomach by means of an atomizer bulb attached to the tube, we can bring out plainly the outlines of the stomach wall and determine the presence or absence of adhesions, etc., which would cause an irregular dilitation, and will also bring prominently forward any tumor or thickening of the anterior wall of the stomach. If any acute pain be caused by this careful dilatation, we are assured that some adhesions or an inflammation exists. We may also distend the colon with air and thus bring out the different anatomic outlines between the stomach and colon which lies immediately below and in front of the stomach. By percussion we can also determine whether there is any fluid or solid contents in the abdominal cavity, such as cysts, ascites, tumors, etc.

Digitized by Google

Auscultation has its place also and helps to determine especially the presence of any cardiac stenosis, esophageal stricture, etc. Cases of subphrenic abscess may be detected by percussion and auscultation through the presence of gas in the abscess cavity.

The history of pain is always helpful in arriving at a diagnosis. The location of the pain, its origin, area, duration, relation to eating, etc., are all material helps in determining between gastric ulcer, cancer, duodenal ulcer, gallstones, appendicitis, etc.

Gastric illumination and the X-ray are of little avail save in cases of foreign bodies in the stomach, when a skiagram may give great help.

The history, character and time of vomiting, and the amount of vomitus is most important. If blood, pus, or other abnormal contents, careful chemical and microscopical examination should be made to determine its exact character.

After a test meal the chemical and microscopical examination of the stomach contents is of very great value, especially if done a number of times. The motor activity of the stomach may be tested by lavage after a certain time has been allowed to elapse when a given food should be digested and out of the stomach, or by giving salol which is broken up by the intestinal juices and found in the urine soon after as salicyclic acid. The blood should always be examined to determine whether anaemia or leucocytosis be present.

Palpation of the gall tract, pancreas and appendix region should always be carefully done in all these chronic gastric cases. How many patients are suffering with these conditions who are allowed to go from bad to worse because a careful and thorough examination is not made. How many gallons of medicine have each one of us given, trying in some uncertain way to relieve these chronic dyspepsia cases when the whole trouble lay outside of the stomach entirely. A history of chronic gastric distress in a fat woman nine times in ten is due to gallstone trouble or a chronic cholecystitis. And how many cases of chronic dyspepsia are due to chronic appendicitis.

If we have arrived at a fairly certain diagnosis by these investigations we are now in a position to direct with intelligence the treatment necessary. If we have not arrived at a fairly certain diagnosis in a case that is very unhappy and growing more distressed, we should certainly advise an exploratory incision. This, done by a competent surgeon, is without danger and gives invaluable aid in clearing up these often obscure cases.

The treatment, after the diagnosis is made, will naturally be to remove the cause of the symptoms, and this in most cases will be surgical. If, however, we find a state of neurasthenia with hyperacidity and no obstruction or other inflammatory complication, we would give the alkalies, carefully regulate the diet, advise plenty of outdoor exercise, rest from business cares and worry, and the patient will probably soon be better. If we have found an acute ulcer condition it is well to advise a strict rest cure in a hospital and a carefully regulated and limited dietary.

If we find a chronic ulcer of the stomach, probably located in the

Digitized by Google

pylorus or duodenum, giving the usual symptoms of pain and obstruction, we would advise surgical intervention, a posterior gastroenterostomy, pyloroplasty, or resection of the ulcer. Posterior gastroenterostomy is the operation done as a rule in these chronic ulcers with obstruction of the pylorus. If the ulcer be accessible, however, I think it wise to remove the ulcer and suture the wound with purse string suture, in addition to the posterior gastroenterostomy, as the old ulcer site serves only too frequently as the starting point for a carcinoma later. This point has been well made by W. J. Mayo and is universally recognized now, that chronic ulcers are far too commonly neglected until carcinoma develops, and as malignant disease is more frequent in the stomach than any other part of the body it behooves us to remove all predisposing and exciting causes.

In acute ulcer that is bleeding to an alarming degree or where there are recurrent hemorrhages a gastroenterostomy is to be recommended before the patient is dangerously weakened by the loss of blood.

If a chronic cholecystitis, with or without gallstones, be found, cholecystotomy or cholecystectomy should be recommended. Or if common duct stone is found to exist a choledocotomy should be done.

It is truly remarkable how quickly this drainage of the liver will give relief in these cases that have suffered so much from the stomach or the symptom complex associated. The drainage gives free vent to the flow of bile from the enlarged and congested liver, the inflammation quickly subsides, the toxaemia is quickly relieved, and a state of well being is rapidly brought about in these unhappy and long sufferers.

Chronic pancreatitis is a very frequent accompanying condition associated with the stomach-gallbladder-condition. Until recently very few men were able to recognize this condition, even when the gall tract was operated upon. This condition is responsible for a great many chronic dyspepsia cases and is usually due to a direct extension of the infection from the gall tract into the pancreatic duct. The enlarged and reddened pancreas is often mistaken for carcinoma of this organ, for, on account of its lobulated and hard condition, it is often impossible to say with any degree of certainty whether the condition is simple chronic pancreatitis or a malignant pancreatitis. Mr. Mayo Robson has worked out the pancreatic-crystal-in-the-urine theory and claims that a fair degree of certainty can be reached before operation by this method. Personally, I have had no experience with it. However, if carcinoma exists there is little further to be done than drainage of the bile tracts, as removal would be impracticable.

Very often the chronic dyspepsia is found associated with chronic appendicitis and this condition is frequently overlooked, as the relation is not generally understood. I have often seen a chronic stomach trouble relieved by removal of a hard, cord-like appendix (appendicitis obliterans).

Pelvic inflammatory troubles are often responsible, too, for stomach troubles and the removal of this condition is the only way to relieve the stomach symptoms. The adhesions binding the bowel, causing

Digitized by Google

chronic obstipation, is often responsible for an array of stomach symptoms and the neurasthenic condition so commonly associated. Chronic constipation is often the underlying cause of bad health and in this condition the gastric digestion is nearly always disturbed. This constipation may be due to sedentary habits without the necessary exercise and food regulations, but is very often due to some inflammatory adhesions or to some condition of the large bowel and rectum that can be relieved by operative means only. I refer particularly to perineal weakness due to tears at childbirth, prolapse of rectum, and chronic obstruction of the ileo-caecal valve. This condition, ileo-caecal valve obstruction, is not often recognized, but, if recognized and the operation done for its relief, untold good may be derived.

A few words here in reference to carcinoma of the stomach which is, as a rule, not recognized early enough by the general practitioner to have any hope of relief, may not be amiss. If we only remember that carcinoma of the stomach occurs oftener than even carcinoma of the uterus, in about 30 per cent of all cases the stomach is effected (Mayo), we will recognize the fact that we must begin to look for this condition in the early stages while there is great hope for cure by surgery. In a case giving a history of gastric ulcer, who begins to complain of stomach trouble, loss of weight and vomiting, all rather suddenly, a reasonable suspicion of cancer should be aroused. This suspicion should lead to the most careful examination, and if it cannot be disposed of with almost certainty an exploratory operation should be immediately recommended. The chemical examinations are not by any means always positive in this early stage. You may find hydrochloric acid present, you may not find evidence of obstruction, and certainly no tumor can be palpated at this time. If you wait to feel the tumor or wait for obstruction to appear, you have waited until all hope of cure is gone. The finding of the Boas-Oppler lactic acid forming bacillus in great numbers would be highly suspicious of malignant growth, and the bacillus filiformis, a long, thread-like germ, has been described by H. Ehret, of Strasburg, as being of more value than the Boas-Oppler bacillus.

If the patient be over 40 years of age, with a history of rather suddenly becoming aware of stomach distress, vomiting sometimes, early loss of weight, and you cannot positively rule out the possibility of cancer, it is far wiser to recommend an exploratory incision which, if done by a good surgeon under the best regulations of hospital environments, is almost absolutely safe or at any rate far safer than the risk run by waiting too long in these cases where all depends on early recognition. No case of cancer of the stomach was ever cured by medical means. Cancer of the stomach, please remember, occurs oftener than in any other part of the body (in about 30 per cent of all cases). Exploratory incision is often the only way to arrive at an early diagnosis (Mayo). Therefore, I shall hope to be pardoned if I seem too insistent upon this one point when you reckon the great possibilities of surgery in the earliest cases (as high a percentage of cures as in carcinoma of the uterus) and the absolute hopelessness of the case after the carcinoma has progressed too far.

Digitized by Google

MEDICAL EDUCATION.

By GEO. F. WILSON, M. D.

PRESIDENT'S ADDRESS

Read Before the Oregon State Medical Association, May 15, 1906

I feel as if I were usurping the prerogative of another in occupying the chair on this occasion, as it is the second year that I have been the President of this Association.

I will state, however, by way of apology, that it is not entirely my fault. Owing to the great wealth of medical topics that were discussed at the meeting of the American Medical Association in our city last year the Councillors thought it inexpedient to hold a regular meeting, either before or after that event, and I was not sustained in an endeavor to hold simply a business meeting, with a view of electing new officers and attending to such other miscellaneous matters as might be brought up.

In any event, I am very glad the opportunity is afforded me, first of all, to congratulate the profession of this state, unorganized as it is, or held to be, on the manner in which they united as a single individual and helped, both morally and financially, to make the meeting of the American Medical Association the success that it proved to be.

We are comparatively small in numbers, are scattered for the most part over a vast extent of country, but I am unwilling to believe are any less intelligent or less disposed to maintain as high standards of thought and action than the medical men of any community. I do not care to discuss the strictures that were cast upon the profession of this state; you are all familiar with them, and the lack of satisfaction attained by the replies which were made to them.

Organization for a common good I approve of most heartily, and will give it my support, but organization for the advancement of the interests of a special few is not in accordance with my idea of right.

It must be very rare indeed in the history of events generally that radical changes can be brought about in a community without conflicting with the individual interests of a great many, so why inaugurate such convulsive methods? While not an organizer myself—either professional or otherwise—with a fixed purpose in view, is it not much better to sow a seed here and another there; let them take root and by the results achieved prove to all concerned that this or that course of action is the best?

There are two sides to every question, and both sides, with all the

Digitized by Google

attendant circumstances, should be carefully considered before proper and just conclusions can be drawn.

I feel that all the aspects of the present situation in our state were not considered; that information was obtained in some instances, at least, from incompetent witnesses, and conclusions were drawn that would have been markedly different had more energy been displayed at getting the real truth

For my own part, I am like a child that has been unjustly chided, as a feeling akin to resentment has been engendered by the injustice and lack of fair play.

And now what good has come of it all? I have yet to hear of a criminal who has been made to reform by proclaiming his misdeeds to the world, and there never will be one.

I have been requested to devote a portion of my address to the subject of "Advancement of Medical Education," and I do it most gladly, as right here, in my opinion, is where we strike the keynote of successful organization of the medical profession. It is an old saying that "birds of a feather flock together." I presume it is instinct or a law of nature to prevent extinction of the species.

I do not believe there is any pressing danger of doctors, as such, losing their identity, but how can they be better brought together or their ideas be made to harmonize more perfectly than by exacting from each and all a certain standard of education?

Oil and water cannot mix, neither can the educated man find anything in common with the boor. Some emulsifying principle like rules or regulations, or scheme of organization, must be resorted to in order that the component parts may be drawn together into one hemogenous whole.

Is it not education that enlightens the mind of all of us, that refines the character, sobers the impulses and exalts man above a savage?

So does education elevate the professional man above the day laborer, and makes him behold in his work something more than a transfer of pills and "pukes" for a certain fixed recompense.

The standard, too, should be high; so high as to be prohibitive in many instances, that the "get rich quick" may consider the time too far distant before they can use the profession of medicine for their selfish ends and discourage others absolutely who would be unfit to represent the profession.

The ideal standard to be aimed at, though higher than the standard now recommended by the Council on Medical Education, is, in my opinion, none too high.

It requires, first of all, preliminary education sufficient to enable the candidate to enter our recognized universities, the state authorities passing upon the qualifications, and what is practically six years of work.

The first year is devoted to physics, chemistry and biology; the next two are spent in laboratories of anatomy, physiology, pathology, pharmacology, etc.; the next two in close contact with patients in dispensaries and hospitals in the study of medicine, surgery, obstetrics

Digitized by Google

and the specialities, and the last year as an interne in a hospital. To an individual about to take up the study of medicine, even the lower standard as now recommended may appear too high and to be prompted by selfish motives, with the view of preventing the ranks of the profession from being overcrowded; but we are all of us aware that first of all an education, with its refining influences, then a good foundation in medicine, and finally experience are what fit a practitioner to do full justice to each and every case that presents itself.

It is customary, in addresses of this character, to revert to new remedies that have been tested and others that have continued to deserve the confidence of the profession. I am not aware that any very brilliant constellations have appeared upon the horizon. In the domain of surgery, the perfection of the technique of operations in the upper abdomen has given an incentive to relieve the many digestive derangements that have formerly not been recognized as due to gall stone disturbance or the result of cicatrices due to gastric ulcer.

The earlier recognition of gastric cancer by exploration rather than by the slower laboratory methods has been urged in a recent article by William J. Mayo, so that these cases may be referred sooner to the surgeon, it being urged by him that nothing is gained by delay and much may be accomplished toward prolonging the sufferer's life if such cases are subjected to surgical interference at the earliest possible time.

In the way of medicine, the awakening as regards sanitation and preventive measures, especially with regard to tuberculosis, seems to me more important than any other innovation.

With the establishment of open air sanitoria generally throughout the country, and the great good which has been done by them, the people universally are, I believe, in a mood to lend their influence toward municipal or state aid, and now is the time for all of us to work for this end.

Think of the barbarity of sending a miserable, weak, impecunious tubercular subject away from home and unaccompanied, to a strange place, deprived of the few luxuries that he might obtain from friends: the yearning for home would be enough to kill him without the seeds of his disease. And after urging our legislators to aid in this great work of providing a place where the afflicted poor may turn to as an asylum of rest and comfort, where they can be restored to health, let us all aid in the good cause by examining our patients more carefully, so that the disease may be recognized in its incipiency.

First of all, consider the rarity of malaria in our midst, and immediately become suspicious of the lay diagnosis of grippe which is so commonly heard, so that these afflicted ones may reap benefit to themselves before the time is passed when they may expect to be helped.

I hope these suggestions will be received as they are intended, and not as an insinuation of inability to recognize the disease in the early stages, for I speak solely from the standpoint of an individual. My inclination heretofore has been to work away from the thought of a tubercular infection on account of the feeling that formerly was dominant in my mind that I was therefore helpless. Now I am beginning

Digitized by Google

to think of the possibility in each case; the greater the obscurity, the more fixed and definite becomes the suspicion, and with the suggestion a more fixed and determined purpose to demonstrate it if there.

I feel now that I can say, "You have a commencing tubercular trouble; have no fear, however, because you may be cured if you are willing to follow out certain definite rules."

As regards the use of certain immunizing or other serums, there are others here present who will enlighten you later in this session far better than I can. Before closing, one other subject occurs to me which, to my mind, demands the attention of all of us, and that is the trite one of vaccination.

From an experience gained over but a short period of time in examining men for positions on one of our large railway systems, it has been demonstrated that a very large percentage of the younger element of the working classes is unvaccinated.

The reason for this is made evident by questioning them. It has been a long time since the horrors of smallpox have been brought home to us, so that a lack of fear of the scourge has developed.

They do not know that smallpox decimated Iceland, depopulated Mexico and before the time of vaccination, left two classes of individuals, one horribly disfigured and the other waiting to be so.

They have seen or heard of a friend or relative who almost lost an arm, as they express it, from vaccination, so are more willing to take their chances against smallpox. The fame of Jenner may sleep for awhile, but if this subject is neglected it will not be long before he is again hailed as the master of one dread disease and the king of preventive medicine.

Treatment of Tetanus by Magnesium Sulphate Injections.

S. Logan, New Orleans (Journal A. M. A., May 19), reports two cases of tetanus treated, according to the method suggested by Dr. S. J. Meltzer, with injection of sulphate of magnesium into the spinal canal. Though neither patient recovered, in one of the cases the convulsive phenomena were strikingly reduced. All that Dr. Meltzer claims for the method is that it will prevent exhaustion and allow the system to work off the poison. In the other case the magnesium solution seemed to have little effect, which was attributed to insufficient dosage. Logan calls attention to the following points: 1. The evident sedative effect of the drug on the motor tracts of the cord, and he thinks that possibly if this had been been kept up more persistently in the first case the outcome might have been different. 2. The interference with respiration which was the only annoying feature of the treatment. This was relieved, however, in the first case, and the respiratory function was the last to fail. 3. The complete relaxation which is out of the ordinary course of events in tetanus. He thinks it possible that we are likely to overestimate the convulsive features of the disease and not to consider sufficiently the importance of neutralizing the toxins. The treatment is only a palliative one, but, as such, he believes it deserves a further trial.

Digitized by Google

Medical Societies

Oregon State Medical Association.

(Reported by Wm. House, M. D.)

Proceedings of the Scientific Session of the Thirty-second Annual Meeting of the Oregon State Medical Association, May 15-16, 1906:

May 15—Morning Session.

The meeting was called to order in the Knights of Pythias Hall at 10:30 A. M., Dr. George F. Wilson presiding. The minutes of the last meeting were read by the secretary, Dr. L. H. Hamilton, and approved.

The President then said:

"I desire to introduce to you one who needs no introduction and who will bid you welcome, Dr. Harry Lane, Mayor of Portland."

Dr. Lane said in part:

"I have been a member of this association since 1877, and am, therefore, one of the oldest living members. I am often asked to speak on all kinds of subjects, many of which I know nothing about. But in this instance I have the merit of a fair knowledge of the subject. Yet, things have changed even in my day. The old members are gone and few are left to retain traditions. In the early days, when I studied medicine, there was no asepsis, no antisepsis. In those days the man who could operate with extreme rapidity was the man of power. He did not wash his hands, nor make any attempt at cleanliness. It is a bit difficult for one, taught in the old days, to adapt himself to the new conditions. Ideas taught in youth are the ones most firmly held. I have seen the old men live and die and go over the road. Anatomic ideas alone have not changed. In my student days Woods was the great teacher of medicine, Pancoast the mighty surgeon, and he could remove a hand or arm in 15 seconds, or something like that. Now it takes about four hours for a breast amputation which then would have been performed in 20 seconds, more or less. I have been a President of this Society. I want to extend to you a welcome to the city to which you do honor by your presence. The medical profession is often much maligned, a legitimate object for press and lay criticism. Yet the people always come back as individuals to the doctors, no matter how as a mass they may behave, and the ties between them as individuals and the doctor are closer than with any other body in the world. Each thinks his own doctor the greatest in the world. In this you must find your reward. I extend to you a cordial welcome to the city, and am pleased and proud to be one of you."

Dr. Jessie McGavin then read the report of the Treasurer, which shows a balance of $925.81.

Dr. Josephi moved the report of the Treasurer be referred to the House of Delegates. Carried.

President's Address.

Dr. Wilson said he had been the President of this Society for two years. This was due to the decision of the Councilors of this Society not to hold a meeting last year. He spoke eulogistically of the good work and good standing of the members of the profession of this state. His address is printed in another column of this journal.

The Control of Tuberculosis.

The scientific session proceeded with the paper by Dr. Tamasie, on "The immediate necessity of state and government control of tuberculosis." He said: "I have been impressed with the matter of the pre-

Digitized by Google

vention of tuberculosis by the difficulty attended thereto, because of the large number of foci of dissemination. To my mind he who contracts a contagious disease, whether from ignorance or carelessness, is morally guilty of suicide. And he who gives it to another is morally guilty of murder. The question is one of what shall we do and now? I believe the disease could be controlled and forever kept down if some great sanitary general could take charge of the situation with the necessary authority."

He then spoke of the dangers of promiscuous expectoration, of the housing of sadly diseased tuberculous patients in public hotels, and advocated the passage of controlling laws. Is it possible to rid the country of tuberculosis? The speaker believed just as much so as to relieve it of smallpox. In ten years it would be possible to reduce the death rate to 1 per cent of that at present recorded. State and national control is necessary and methods of securing it were suggested.

The President then announced that the next speaker on the program, had been unable to prepare a paper, and Dr. Pierce would present one in his place on "Sanatorium Care of Tuberculosis."

Dr. Pierce said that consumption is the cause of 25 per cent of the deaths in Illinois between the ages of twenty and fifty, yet Hippocrates has said that consumption could be cured. Dr. Pierce quoted opinions passing back for many years, in effect that with proper diet and rest the disease was curable. The German insurance companies have taken the view that tuberculosis is easier and less expensive to cure in its early stages than to care for it in the late. Trudeau was the first to establish a tuberculosis sanatorium, in 1884 in New York. There are now about 135 institutions in this country which treat the disease with a view to cure. It is now generally admitted that tuberculous patients will get well anywhere with proper supervision, yet the percentage of cures is greater in sanatoria, where all the conditions are right, where food, diet, medication, ventilation are under the supervision of those who are definitely devoted to the study of this disease. He quoted the opinion of Sanatorium physicans in the East who consider that no patient should be received who has been bedridden or suffers from any serious complications, and the entrance should be limited to those in the early stages only. The smaller the lung evolvement the better the prospects of recovery. Those who control their passions, and exert the necessary will power and moral stamina to live up to the rules of sanatorium life, and to follow its teachings after discharge are the ones who are most likely to get well. The wonderful efficacy of the open air treatment is explained by the theory of Major Woodruff, that the bacilli are easily killed by the short direct rays of sunlight. The tonic effects of light were described. In the Pacific Northwest the wonderful effects of the modified sunlight and pleasant climate were to be regarded as of primal importance in the low death rate. A large amount of sunshine is not necessary for the treatment of the disease, and this region shows the lowest death rate from tuberculosis, as well as other diseases, of any region in the United States. The majority of sanatorium reports show 90 to 95 per cent of apparent recoveries in the first stage and 30 to 40 per cent in the second. Dr. Pierce concluded with some observations on the large number of

Digitized by Google

cases in the second and third stages referred to the local tuberculosis sanatorium, and to the need for a house for the treatment of the hopeless cases, who should not be mixed with those which are curable.

Discussion.

Dr. Tamasie presented a resolution that the Oregon State Medical Association recommend the passage of national and state laws to govern the tuberculosis problem and to provide for proper sanatoria for the treatment of its victims, this resolution to be presented to the President of the United States and the Governor of Oregon.

Dr. C. J. Smith suggested that the resolution be presented to a suitable committee before going further, there to be thoroughly canvassed and analyzed. This was presented as an amendment, and carried.

Referred to Committee on Public Policy and Legislation.

Dr. Wilson said he felt we should all be happy for living in Oregon after Dr. Pierce's eulogistic remarks. He called on Dr. Cathey, of Corvallis, to open the discussion on the preceding papers.

Dr. Cathey said that all physicians have had a number of cases of tuberculosis, therefore all should know something of the subject. The pulmonary form is the one of greatest importance, because it presents the greatest dangers, not only to the infected individual but to those around him. The first thing to do in tuberculosis is to isolate the patient. This is often difficult because in families, for example, it is hard to induce parents to send their children away to sanatoria when diseased. Failure to recognize early cases is due often to carelessness in making examinations. Every care should be exercised to recognize every case in its very incipiency. Believes the sanatoria are good institutions, and should be recognized and receive every available case. When this is impossible, out-of-door life is to be adopted, and if for any reason the sanatorium is found impracticable, recommends a free country life, with plenty of air and exercise in the early stages.

Dr. E. B. Pickel, of Medford, said: "It was suggested by something in the preceding speaker's remarks that all the physicians do not fully understand or appreciate the nature of an open air sanatorium. In the Portland institution the patients are housed in tents twelve by sixteen feet, wainscotted and covered to protect from rain. A stove in the back and two beds complete the substantial equipment. The walls are thrown up and the patients are thus practically out of doors. They eat out of doors, and their lives are practically always in the open."

Dr. Cathey spoke of living in the mountains and enjoying life, which he felt in sanatoria was often impossible.

Dr. C. J. Smith, Pendleton—Had hoped Dr. Tamasie would help us to work out the details of state aid. In other states this had been secured. The sanatorium is now recognized as the best means of caring for these cases. He spoke of the advantages of care in the patient's home regions, and for that reason felt that state aid was to be advocated. In Oregon we must have seven or eight hundred deaths annually from tuberculosis, and one-half of these are unnecessary. The monetary value of these lives is important, aside from the humanitarian side. We should become clinicians and eliminate the need for the microscope, make early diagnoses and save our patients before it is too late.

Digitized by Google

Dr. J. S. Moore, Portland—Said we cannot wait for many of the early signs such as prolonged expiration. An early diagnosis is the essential thing, and until the clinician or pathologist has laid down better rules for early recognition, we must not hope to diagnose every case in its earliest stage; yet that is the standard to be set.

Dr. J. N. Crockett, Portland—Said the question of prevention and prophylaxis is of no greater importance than that of early diagnosis. Patients often come to us complaining of loss of vigor, of slight gastric disturbance, and these symptoms should make us suspicious. He spoke of Dr. Pierce's suggestion that we have a home for the hopeless cases. The Phipp's Institute of Philadelphia cares for such cases. In Dr. Crockett's experience he had noted that many of the apparently advanced cases recovered, while certain seemingly very mild cases progressed and died. In many of these cases death was due to their own refractory attitude to the physician in charge. In treating tuberculosis all cases with a temperature of 99½ should be put to bed; also all cases with a pulse of 90 or over.

Dr. Courtney, Portland—Said we must have state legislation; thinks it a difficult question to decide as to whether we should send all incipient cases to the sanatorium, and believes that sentiment will be a factor, as families often object to the separation from the invalid members entailed by sanatorium care.

Dr. W. F. Amos quoted Norman Bridges' remark to the effect that any climate is good for the tuberculous patient if he has not been accustomed to it, and cited the greater number of cures in sailors as compared with soldiers. Local comparative freedom from the disease he believes to be due to the moisture, which aids in preventing dissemination of the germs.

Dr. K. A. J. Mackenzie wanted to say a word for those cases which presented the chronic forms—the most dangerous of all patients because of their omnipresence, and because, owing to their usefulness, they are so hard to deal with. When the disease becomes notifiable it will be easier to care for such cases. He advocates colonizing chronic victims of tuberculosis in communities.

Dr. H. M. Shaw, Ashland—Wanted to know if it would be wise to send cases from other states to this region for treatment, and also if cases from his region should be send here or to Arizona, or some other dry region.

Dr. J. F. Dickson, Portland—Said he had an opportunity to see some European sanatoria and quoted the physicians in one of them to the effect that the climate is of much less importance than the regimen of institution treatment.

Dr. Pierce, closing, said, in reply to Dr. Amos, that the idea that patients should be treated away from their own climate is a mistake, as the present view is largely that patients should be treated in their own environment. As to the cloudy days in Oregon, believes they are of benefit mainly to those accustomed to this climate. Does not advocate removal from low to high or high to low altitudes. Oregon is no better than any other state in treating tuberculosis, except that it permits us to live more out of doors. Thinks it a blessing conferred upon the human race that any state permits of good results if the open air plan is adopted. In this state would consider an ideal plan to have several sanatoria located at different points and remove cases from one to the other, as especially indicated by their needs.

Digitized by Google

Dr. Tamasie felt the subject had been pretty well exhausted. He believed one important feature associated with treatment is that of reinfection. Where the sunlight reaches, the germs are destroyed, but inside, where it does not reach, it is hard to destroy the bacilli. For this reason, if for no other, home treatment is defective.

Dr. G. F. Wilson said we should try to learn to recognize the disease in the pre-bacillary stage. He gives his suspected cases a thermometer and has them take their temperature every two hours. Irregular fever, with loss of weight, is considered of serious import.

Dr. F. M. Taylor, in reply to a question, said the X-ray is of use in diagnosis mainly as a confirmatory test, in his experience.

Dr. Pierce, in answer to a question, said he had used Potassium Iodide to increase the expectoration, and found it useful in obtaining sputum when it could not otherwise be secured. He is cautious to use only small amounts.

Afternoon Session—Tuesday, 2 P. M.

Dr. Pierce extended an invitation to the assembled body to visit the open air sanatorium, either individually or collectively, and gave the necessary directions for reaching it.

Cerebro Spinal Miningitis—By Dr. Emil Pohl, Portland.

The speaker traced the course of the disease in Alaska. He considered the cold had much to do with its spread. He related a case of a man of 35, with autopsy. Pia and arachnoid with the cortex were congested and covered with purulent exudate at the base and around the medulla. Then two cases illustrating the disease, one in the simple and one in the chronic or relapsing form. The first of these cases was notable for the comparative absence of febrile symptoms. The alternation of rapid and slow pulse was a prominent symptom. Five days after the onset the temperature was normal.

The second case was a girl, aged 16; trouble began with dull headache, followed by loss o f consciousness in seven hours. This patient had a typical eruption. This case showed a family history of tuberculosis. She suffered from repeated relapses.

Treatment.—Tapping of the spinal column is palliative, but does not cure. The use of anti-serum was spoken of also. Ice to head and spine was useful.

Opium and bromides are the only drugs of any benefit, and should be used freely, especially the opium.

The speaker concluded by presenting a case which was followed by paralysis of the right leg, which from the history seemed to be due to an old cerebro-spinal meningitis.

Dr. Wilson commented on the resemblance of the case presented to poliomyelitis anterior or infantile paralysis, an epidemic of which had occurred at about the time this case occurred.

Dr. Hicks, of Tacoma, being absent, the discussion was opened by Dr. Wm. House. It is becoming well recognized, he said, that lumbar puncture is but palliative. Spinal counter irritation, rest in bed, morphine, bromides, and especially chloral, were to be recommended, the latter preferably by rectum. The case presented by Dr. Pohl seemed to be one of spinal paralysis, and Dr. House suggested that in view of the history it might be a case in which there were meningeal adhesions to the anterior columns, thus reconciling the discrepancy in the apparent from the real diagnosis.

Digitized by Google

Dr. W. T. Williamson analyzed the case presented, and thought the paralysis exhibited was due to spinal involvement. He was of the opinion that both conditions might have been present either synchronously or separately.

Dr. Yocom, Tacoma, had seen several cases of cerebro-spinal meningitis which came from Alaska. He had seen one case in which lumbar puncture had been used and temporary relief obtained, but death eventually followed. He spoke of the injection of colored fluids which showed that they penetrated to all portions of the brain, showing that theoretically treatment by lumbar puncture was at best feasible.

Dr. Hawk, Portland, agreed with Dr. Pohl in his method of treatment. He related an interesting case in which bromides and opiates had been used, the latter as morphine in large doses. The result was brilliant. Dr. Pohl had seen this case in consultation.

Dr. H. W. Coe said certain nervous tissues are susceptible of invasion by certain organisms, and the results of such invasions differ in different individuals, which would account for variations in the symptoms and results in different individuals. He suggested that, as Dr. Pohl had had a large experience with cerebral spinal meningitis in Alaska, a paper worked out at greater length, with fullest details, would prove a valuable contribution to medical science and literature.

Dr. Jessie McGavin asked if the speaker had had difficulty with his cases in inducing them to swallow. She had had a case in which she had been obliged to feed the patient with a dropper. The patient had once appeared not to breathe for eleven minutes, with an accompaniment of a very slow heart. The child recovered, although it had had twelve similar attacks of failure of respiration during the illness.

Dr. Pohl, in closing, disagreed with Dr. House in the use of counter irritation, believing that this could be best obtained by lumbar puncture. As to Dr. Williamson, felt there might be difficulty in distinguishing between the cerebral and spinal forms of the trouble. He cited many cases of peculiar complications, showing that almost any region might be involved in paralytic phenomena as a result of the peculiar pathologic manifestations of the disease.

"The relation of the physician to some requirements of the State Board of Health," by S. T. Linklater, Hillsboro.

Dr. Linklater said he would limit his paper to the registration of vital statistics, death and birth certificates. He felt that registration of these certificates was inadequately conducted in this country, and made comparisons between the methods in vogue here and in Great Britain. He felt that much of this statistical matter could be collected by lay officials as e. g., the Justice of the Peace, thus sparing the physician a great deal of labor.

Discussion.

Dr. R. C. Yenney said: "I fully realize the difficulty of collecting statistics of births and deaths. In this region the undertaker usually collects the needed information. But the doctor is often utilized because of his nearness to the subject and familiarity with it." He concluded by speaking of the difficulties of obtaining accurate information in any other way.

Dr. Cathey believes in the State Board of Health, and thinks physicians should co-operate with it. He has found difficulty in getting some of the needed information. He detailed

Digitized by Google

the facts in regard to the great distance which the country doctor must travel to obtain exact information in regard to death certificates.

Dr. G. F. Wilson said he had usually signed a report and filled in the technical details and let the family supply the rest.

Dr. Linklater said the necessary information was obtained only at great cost of time and trouble to the country physician especially, who often saw his case only once 25 or 30 miles from his office. Then when the patient dies he has to go a long distance to get the definite information as to age, etc., demanded by the authorities. He thought this should be given by the relatives or public officials, and not be thrust upon the doctor as a labor of love.

"The character of the recent typhoid epidemic in Eugene," by W. L. Cheshire, Eugene.

Dr. Cheshire exhibited an outlined chart of Lane County and one of Eugene and surrounding country. He demonstrated the salient features of these territories, showing their relations to the Willamette river and the timber line, also surrounding towns.

The source of the city water supply received attention, after which he proceeded with his paper.

He characterized this epidemic as the severest which had ever visited the community. There was negligence, for which not only the city but the medical citizens must feel more or less responsible. For a year previous to the epidemic there were occasional cases of typhoid in the town which had drawn attention to the possibility of involvement of the water supply. The epidemic was rapid and severe. Dr. Cheshire, out of 300 cases with 20 deaths, selected 250 cases for report—150 women and 100 men. He classified the cases according to age, and thought some information might be obtainable of benefit in regard to susceptibility. Certain water mains seemed to produce worse cases than others, probably because they were less used. Few of the two hundred and fifty cases were less than of three weeks' duration, most of them running to 60 days.

There were many relapses.

The cases began mildly and then suddenly the symptoms increased and became most severe, temperature rising rapidly and abdominal symptoms increasing with marked severity. He described an unusually typical severe case which relapsed and died. A typical case of very opposite mildness was described. The treatment had been largely limited to mechanical means, hot and cold water being used for the relief of many symptoms. The sponge bath and pack were often beneficially used. Calomel, salol, etc., were used to relieve intestinal disturbance. Quinine had a place, but the speaker had his doubts as to the benefits from its use. The diet was not restricted as much as is often taught by text-book authorities.

Discussion.

Dr. J. F. Bell, Portland, said the subject was a very large one, and he must limit his discussion. In Oregon we do not often meet with the forms of typhoid commonly described in the text-books. In a few of his cases the headache had been of great severity. The febrile and abdominal symptoms had usually been milder. Marked diarrhoea is the exception, constipation the rule. Not much delirium and, except for headache and backache, little nervous trouble.

We do at times get most severe cases. These variations are doubtless due to difference, first, in the patient, and secondly, in the viru-

Digitized by Google

lency of the infecting bacillus. He thinks there is no difference in the susceptibility of the two sexes. Age is the chief factor, and young adult and middle life shows the greatest tendency to acquire typhoid.

Dr. J. S. Moore had hoped the speaker would touch upon one factor of importance. He would like to know how capable the Eugene health officers were in coping with the epidemic. The health officers of this state received no information until three or four months after the disease appeared. He thinks the State Board has now controlled the epidemic. The presence of the State University at Eugene makes the question one of the greatest importance.

Dr. C. J. Smith, Pendleton, thought the State Board had been prompt in dealing with the epidemic. They had had an officer promptly on the ground. He thought the local health officers had been very efficient in their methods of handling the disease. The Eugene physicians had shown remarkable skill in handling the cases, as shown by the very low death rate.

Dr. Harris, of Eugene, County Health Officer of Lane County, said: "In December there were four or five cases; January 15 there were ten or fifteen cases. Later there appeared an epidemic, which broke out in a very few days. February 7 there were 150 cases. In 20 days following the first reports these cases had occurred." Dr. Harris had met with the utmost loyalty from the local Eugene doctors. He felt the epidemic had been handled as well as it could have been anywhere.

Dr. K. A. J. Mackenzie said when he came west typhoid was epidemic. Eighteen years ago he had reported an epidemic occurring near a milk ranch. About 120 cases had occurred from a single source, which was due to an infected water supply. In connection with the Eugene epidemic, the mortality, he thought had been very low. In Baginski's clinic the mortality was reduced to about 7 per cent, while in Eugene it was even lower.

Dr. Otto S. Binswanger, Portland, thought the difference in the number of cases in the two sexes might be due to the fact that the women acted as nurses, thus exposing themselves to greater danger of contagion. He thought the theory of stagnation in the mains in some districts hardly probable. Believes the use of water the wise thing in the way of treatment, but considers the use of cold water better than hot.

Dr. Cathey, Corvallis, said the proximity of Corvallis to Eugene made the subject of special interest to him. He had treated about fifteen cases all told, and traced four of these definitely to one well. He thought the contagion might have been transported by flies. The cases were traced, some to wells and some to the river water users. He advocated destruction of flies in the summer time as a prophylactic measure.

Dr. Pettit, Portland, said he felt like offering a word of sympathy to the health officer who had attached to him all the blame of epidemics. He cited his experience in tracing an epidemic to a certain spring, and had received much criticism for his efforts.

Dr. Cheshire, in closing, said the conditions which made such an epidemic possible were to blame. In Eugene there had been a very poor water system. Things had been allowed to drift in the interests of town spirit, and therein was a fault. He felt the fact of the women being in the majority was not easily explained.

Dr. Anna Shaw.

Dr. Esther Pohl moved to grant ten

Digitized by Google

minutes to Dr. Anna Shaw, who addressed the meeting on a subject which she regarded as of great importance. Dr. Shaw commented upon her relations to the medical profession as her reason for being present. She spoke of the relationship of the spiritual to the physical life. She felt the doctor was of greater importance than the theologian. She mentioned the relation of the doctor to the political forces of a community. She listed the vocations of the candidates for public office in the present political campaign. She attributed the absence of doctors and ministers from the present campaign lists to the fact that they were backed up by women largely. She advocated that the doctors assist in the equalization of the franchise as an aid to the doctor, drawing some amusing and instructive lessons from the preceding paper.

The president read a letter from Dr. Hirschfelder, of San Francisco, expressing regret that owing to the disaster he could not be present. The program continued with a paper on

"Treatment of United Fractures," by Dr. H. B. Luhn, Spokane.

Dr. Luhn thanked the society for the invitation to read a paper. He had selected his subject because of his recent experience as defendant in a case in which he had had shortening following ununited fracture. The bones in which non-union is the most common are the femur, humerus, tibia, ulna, clavicle and patella. Causes are constitutional and local. He listed each of the varying causes. It is surprising that non-union does not occur more frequently. He recommended in delayed union of clavicle daily massage. The bone ends, if necessary, should be gently rubbed together, but cautions against too much force. In the tibia he has advised walking about with a plaster dressing. If unsuccessful, has used an anaesthetic and rubbed the bone ends together. In the humerus, recommends extension. Failing, uses asepsis, cut down in bone, and unites with kangaroo tendon, silver wire screws or ivory pegs. Encases the arm in plaster, and if this fails, a false joint results. With the femur, the bone which gives the greatest amount of trouble, one of the causes of non-union is the great muscular force applied to it. He advises the patient to stand on the foot and exert pressure. Failing to secure union, he cuts down on the bone, unites it and fixes the thigh and hip-joint in a plaster cast, being careful to prevent pressure. He described several cases in detail of ununited fracture of the femur, with his treatment. He advises hygienic surroundings, and tonic treatment, in conjunction with the mechanical methods of treatment. He thinks Scudder is too optimistic in many of his opinions and statements of good results. He concluded with a brief reference to the medico-legal complications of such troubles.

Discussion.

Dr. C. J. Smith felt that the general practitioner, especially in the country, could learn much from the paper of Dr. Luhn. He has much sympathy for the man who has to deal with ununited fracture. The blood supply in relation to the position of the break was of causative importance. Thinks a square break more likely to cause slow union. Advises to send such cases to the hospital, and would not, if necessary, hesitate to cut down on the bone and wire the ends or put them together by some other mechanical means.

Dr. Cathey cited a case of a lady who had received a fracture of the middle of the femur, in which there

Digitized by Google

had been a fragment between the two ends, causing non-union.

Dr. Courtney said these cases were of comparative frequency and hard to deal with. He had been much interested in the paper and discussion, which were instructive.

Dr. J. R. Yocom, Tacoma, said he cut down on his cases early, as in every case he has had to do it sooner or later, and prefers to do it early. He considers this operation perfectly safe and free from danger. The use of the X-ray facilitates the examination.

Dr. E. B. McDaniel, Baker City, has made it a practice to use anesthesia in ever case in which he is not sure of the conditions. He cuts down without hesitation, and finds fragments in 99 per cent of the cases. Wires or uses catgut and a plaster dressing. With this method he has been more than pleased.

Dr. G. F. Wilson said he often thought the best cure for ununited fractures was to let them get crooked, when they all unite. Thinks the clavicle always unites, crooked by preference. Has never heard of one refusing to unite. He cited a case of an imbecile who always had a fit whenever the fractured clavicle was reduced. Considers injury to the nutrient artery the important factor in many cases of non-union. Does not believe in wiring or sewing where it can be avoided, because of the danger of pressure necrosis. As to malpractice, thinks we make a mistake in not fully explaining what we see with the X-ray or feel with the hands when examining a case. Thinks if the patient is told in advance of the dangers, few will sue.

Dr. Florence Manion, in reply to Dr. Wilson, said she now has a case of ununited fracture of the clavicle under care.

Dr. Luhn, in closing, thinks all cases of fracture before going into a cast should be examined with the X-ray. The question of extension and walking does not mean to be understood as advising the patient to walk, but to make just moderate pressure, enough to stimulate only. He concluded by replying to differences of opinion expressed in the debate. The cutting down early is done with safety. Has got under one inch of shortening in most of his cases.

"Clinical Observations in Myomectomy," Andrew C. Smith, Portland.

Dr. Smith said myomectomy appeals as a conservative process, yet it has come to us only by slow degrees. Kelly has said that no more important advance could be made than to increase the field of operation for myomectomy, as distinguished from hystero-myomectomy. The old teachings that fibroid should be untouched unless growing or bleeding is now proved to be wrong. In simple early operation, the mortality is not more than 1 or 2 per cent, while late in complicated cases it reaches 25 per cent. The growth will, as a rule, progress to dangerous limits if left alone. He accepts as conservative doctrine that in the absence of serious complications all cases of fibroid should be removed. Fibroid tumors predispose to cancerous degeneration. A few years ago it was thought that fibroid caused harm only by growing and making pressure, and from bleeding. Now we know better, and regard it as a great cause of cancerous degeneration. In view of this danger he recommends as radical a myomectomy as possible and later a hysterectomy if the microscope shows cancer cells. In observing operative work one is struck with the fact that the same conservatism does not pre-

Digitized by Google

vail as in other pelvic operations. Methods of removal were described, with the means of controlling hemorhage. A case in which he had removed a growth by morcellation this forenoon was described. Recommends exploratory hysterotomy in cases of unexplained hemorrhage from the uterus. When the age of the patient precludes reproduction, it is not necessary to do simple myomectomy, rather by choice supra pubic amputation of the uterus. Avoids complete removal of the ovaries, however, whenever possible.

Discussion.

Dr. R. C. Coffey, Portland, was called upon in the absence of Dr. J. W. Bean to open the discussion. He thinks myomectomy is now generally practiced, but there is a tendency in the literature to take an opposite and more radical point of view. Dr. Coffey has removed as many as nine fibroids from one uterus. Mayo states that 2 per cent of all cases of laparotomy are followed by non-septic phlebitis of the left femoral vein, and this accident has been found especially common after myomectomy. Quoted Mayo to the effect that because of embolism, myomectomy is more dangerous than hysterectomy, even in small growths. This may explain the tendency to more radical operations, though Dr. Coffey has found this operation the one of choice in his own work.

Dr. G. F. Wilson said he had seen many cases of uterine myoma during obstetric work and though eight or nine years have passed they are still free from complications. He would like, therefore, to know when he might anticipate the serious results portrayed by the reader.

Dr. K. A. J. Mackenzie has had a satisfactory experience in this line in doing myomectomy. He had seen one case in which he had left a growth behind and had to do a secondary operation. His most instructive cases were in large growths. In two of his cases operation had been followed by extreme tachycardia, one of them having also dyspnoea. Has only recently learned that in some cases the heart is affected by the uterus. Whenever an operation of choice is possible he believes in myomectomy.

Dr. W. F. Amos had supposed that myoma is one of the rarest of growths, and most of the uterine growths are by no means myomata but a mixture either fibroid or liomyomatous.

Dr. J. R. Yocom believed the keynote of success consisted in early operation, and thought that if this were practiced many of the complications suggested by the preceding speakers would be dispensed with.

Dr. A. C. Smith, in closing, said the suggestion that the pendulum might swing too far in this direction was not a real danger. The objections of Mayo that phlebitis may follow is not serious for non-septic phlebitis is not a dangerous complication, rarely fatal and tends only to prolong convalescence. Myomectomy has less than 2 per cent of mortality, remote results of leaving the growth alone are 34 per cent bad. If we operate early we avoid the bad cases and results mentioned by Dr. Mackenzie. Thinks tachycardia no more likely to occur than following any other major operation. In reply to Dr. Wilson, as to the times of greatest danger, says it is from the ages of 42 to 52 years, when malignancy is most likely to occur.

Morning Session, May 16.

"Puerperal Eclampsia," E. B. Pickel, Medford.

Dr. Pickel said that no two authorities agree on the frequency of puer-

Digitized by Google

peral eclampsia, its occurrence varying from 1 to 40 to 1 to 750 of normal labors. The average in opinion of the reader is 1 to 300. Cause, some toxine unknown. The microbian theory has been advanced. Pathological changes often found are believed to be the result and not the cause of the affection. Only when there is a subnormal elimination from liver and kidneys do we find the condition occurring. Seventy-five to 80 per cent of the cases are in prima-parae, Twin pregnancies more often produce it.

Clinical History.—The first symptom may be twitching of muscles of eyelid followed by general convulsion with opisthotonos. Pulse becomes rapid and patient is unconscious. Convulsions may recur many times. The time of appearance is antepartum 25 to 40 per cent; interpartum, 40 to 60 per cent; postpartum, 14 to 17 per cent. The mortality is about 28 per cent. Speaker believes in this state it will not exced 10 per cent. High fever and rapid pulse are of bad prognostic import. Prophylaxis includes all the rules of hygiene.

Treatment.—First indication is to evacuate the uterus by rapid dilatation. To relieve high pulse, uses veratrum and chloroform for the control of convulsions. If patient is weak, advises stimulation. Morphine and venesection have a place. He concluded with histories of cases.

Discussion.

Dr. Josephi said eclampsia is well named, for though the disease has been investigated for many years, it is as yet not understood. The nature of the disease is such as to produce a condition of thrombosis in the portal, renal and cerebral circulation. Patches being thus cut off produce the conditions resembling those due to embolism from other causes.

Dr. Josephi has seen a case occurring a week after delivery, and in no way traceable to placental involvement. Eclampsia must be due to a toxemia. Whatever the toxine, it gets into the circulation. Eclampsia is always accompanied by renal involvement. The immense importance of urinary examinations in prophylaxis becomes apparent. Morphine should be given in every case, control the convulsions by means of chloral and bromide if necessary by the rectum and evacuate the uterus.

Dr. J. A. Pettit said there is a practical side in dealing with these themes. We can do all we want to in urinary examinations yet fail to find early signs. We must be prepared to do all we can when the seizures occur.

Morphine and veratrum viride are indicated. The pulse is always increased and there is no more powerful remedy than veratrum viride; not in small doses, but in doses of 20 minims. It is free from danger. Morphine also should be used in large doses, ⅓ or ¾ gr. to begin with. Medication should be heroic.

Dr. A. C. Smith thinks veratrum viride the sheet anchor, 10 drops every three hours hypodermically until the pulse drops to 60 and enough thereafter to keep it there.

Dr. Jessie McGavin said albumen and casts are found in 80 per cent of all cases of pregnancy and it has been said that they need not cause any apprehension. She cited a case in which with threatening signs of tube casts and albumen no serious consequences resulted. Also a case in which eight years before the patient had had convulsions, and at second pregnancy had nearly 150 seizures, yet recovered.

Digitized by Google

Dr. Mae Cardwell said that in Portland this year there had been almost an epidemic of puerperal convulsions. This made it necessary to look for early signs. Gastric disturbances and urine of low specific gravity were danger signs. The digestion is important to keep in order. which forestalls liver and kidney complications. Chloral is one of the remedies of much importance, and as valuable as veratrum viride. It seems to have a tendency to lessen the albumen.

Dr. Robinson, Beaverton, said we are often called late, when at a glance we recognize that the patient is in a serious condition. He depends on morphia and veratrum viride. He thinks that could we have our cases all near us we could often do better by prophylaxis than by treatment after the attack begins.

Dr. G. F. Wilson spoke of the administration of thyroid extract as a prophylactic measure, and cited a case in which it was used with apparent great benefit. Would use again and give it in doses up to the physiological limit.

Dr. W. F. Amos had had occasion to look up every particle of the literature up to three years ago As a conclusion he believes we must treat the patient early. The competition in rates often made the work done in advance limited. Believes we should be in full control of every case, examining frequently. The urea does not cause the trouble. The amount of albumen is of no importance. It is simply a question of how much urine that woman should excrete compared with how much she does excrete. Pain in the stomach is the first symptom that should call our attention to the probability of approaching trouble.

Dr. C. E. Wade, Drain, considers the subject of greatest importance. Agrees that medicinal treatment cuts little figure. He empties the uterus promptly, believing that a live woman with a lacerated perineum is better than a dead one with eclampsia. He had seen seven cases, all in blonde women.

Dr. Cathey, Corvallis, has seen four cases in consultation. The cause or morbific principle is, of course, connected with pregnancy. The convulsions are so typical as never to be forgotten. In the first case the uterus was not emptied, and patient died at seven months. Second case emptied uterus, and patient recovered. The other cases were treated by dilatation and rapid evacuation, and recovered. Last case, one of great anasarca, had fifteen convulsions. He emptied uterus in one and one-half hours, and patient recovered. From this he deduces the principle that in all cases seen early the uterus should be emptied. The hand is the best instrument for this purpose.

Dr. Pickel, in closing, said he has found nothing to equal veratrum, which he uses to bring pulse down to 80 or less. As to prophylaxis, supposed that all doctors made frequent urinary examinations when possible. But this is often impossible, because in the country cases are often seen only late—in fact, not until the patient is ready for her confinement.

Contract Practice.

The president then read a letter from General Anderson, asking why contract practice as arranged for by the American Hospital Association was objectionable to the physicians. This was referred to a committee consisting of Drs. Story and Coe, for a reply. A second letter, referring to the reduction of life insurance fees, was referred to a committee consist-

Digitized by Google

ing of Drs. Mackenzie and Jones for a report.

"Gastrectasis; Its Causes and Relief," K. A. J. Mackenzie, Portland.

Dr. Mackenzie said he had been unable to write a paper, and would, therefore, present his ideas from notes. He said there are two types of Gastrectasis—one an acute form in which dilatation is sudden and repeated often and is always in the end fatal; a second acute form is that following acute diseases. Chronic forms are those with atony without dilatation, frequent especially in neurasthenics. Second, atony with dilatation or relative insufficiency, the result of dietetic errors and abuses, overeating and drinking being common causes. Especially common in certain nervous diseases, such as hysteria.

Third, positive or absolute forms in certain chronic diseases, such as tuberculosis and chlorosis.

Fourth group, associated with certain gastric disease, such as dyspepsia.

Fifth, cases with pyloric spasm, from ulcer, erosion, etc.

Sixth. The largest group is due to stenosis. Eighty per cent of all cases of gastrectasis are associated with obstruction. Etiology shows a group due to diseases causing thickening of the pylorus. New growths, benign and malignant, intrinsic or extrinsic, i. e., those developing in the neighborhood of the pylorus.

Another group is due to scar upon escharotics, etc. Syphilitic and other diseases may be occasional causes. The peptic ulcer is the greatest cause of all. The duodenal ulcer alone is neglected as a cause, yet may produce obstruction. Malignant diseases of the stomach are frequent causes of such dilatations. Other factors may exist, one of them being displaced kidney.

The factors in treatment depend largely on the question of etiology. It would be criminal to use surgical means for the treatment, for example, of simple forms, due to overeating.

Syphilitic and tubercular ulcerations and similar causes may require but simple treatment. The question of dietetics, especially the abuse of starchy foods, is a seriously aggravating cause. A sudden change from these foods is often followed by vast benefit. Massage is very useful in simple atony with or without dilatation. Electricity, lavage with cold and hot water, and finally the use of surgery. In no cases should it be resorted to unless there is organic lesion. The greatest harm has been done from the injudicious use of surgery. It should be used only when there is hemorrhage or other evidence of gross lesion. The operation should be by the pyloric route. The cardiac end of the stomach is a reservoir for food and should be left alone except in rare instances.

Dr. Willis being absent, the discussion was opened by Dr. J. R. Yocom, of Tacoma, who said the chronic forms could be due to two causes only, one with lessened expelling gastric power, one due to obstruction of the outlet. The more we look at the stomach in the living, the less we find is the number of cases due to pure atony. A therapeutic test of Musser is that all cases may be relieved either by alkalies, etc., or by means of large doses of nux if the cause is simple atony. The main causes have an actual physical basis. During twenty years no progress was made until the surgeons began to open the stomach and study its conditions during life. Then were found the many organic causes mechanically interfering with the stomach. We have sheltered ourselves behind cer-

Digitized by Google

tain names, such as neurasthenia, many cases of which are due to gastric disturbances. Operations often disclosed physical conditions which, when removed, relieved to a vast extent.

Dr. R. C. Coffey said cases of acute gastrectasis may be seen, according to Ferguson, following surgical operation. These may be mistaken for peritonitis. Many operators are now taking this up ,and by treating this condition carefully, have saved many lives, relief being obtained especially by lavage. Many cases of dyspepsia are due to organic trouble. Not over 30 per cent of cases of gastrectasis reveal evidences of obstruction. Dr. Coffey has seen four cases of dilatation due to adhesions of the omentum binding the stomach down. We should be especially careful to see that there is an obstruction in operating, many apparent cases being due simply to spasm. Illustrative cases were cited. The operation may be overdone, yet it is not so very dangerous. If there is no obstruction, as in cases due to adhesion, gastro-interostomy is useless.

Dr. G. S. Whiteside, Portland, said there are two small points he wished to mention, one being the difficulty of diagnosis between certain affections of the kidney and of the stomach. The other is that syphilis of the stomach is a very rare form of the disease, and cannot enter into the etiology of this trouble to any large extent.

Dr. Reuter, of The Dalles, said plumbism and mercurialism may cause obstruction of the pylorus. One such case he had seen. Believes many operations are performed when the conditions might be relieved by other means, such as rest.

Dr. Linklater, Hillsboro, said as to the etiology, had seen a case in Frazer's clinic, Edinburgh, in which the young man had made a practice of bolting his food. He spoke of the tendency in this country of bolting food, and thought it might be the cause of gastrectasis in many cases.

Dr. House spoke of the occurrence of gastrectasis in epileptics. He thinks the occurrence of gastrectasis in neurasthenics is a symptom and not the cause of the neurasthenia. Operation in such cases might produce temporary benefit, but would not prove curative. He believed that no operation should be performed except where a definite organic lesion could be found. Acute ulcer or erosion is not sufficient to justify operation as a rule.

Dr. Mackenzie felt the principles of all the discussion had, in the main, coincided with his opinions. There is a large number of cases due to a physical basis. Careful examination is required in differentiating between forms due to various causes. The fate of the victim of gastrectasis depends upon the man who gets the patient. The place of surgery is for the relief of chronic ulceration; medicine for the acute cases. It is a mistake often to await the evidences of the laboratory tests. Clinical investigations should be the rule. The speaker knew of acute gastrectasis due to operation, but Boaz, and not Ferguson, was the first to discover this. Recognizes the possibility of plumbism mercurialism, etc., as causative factors.

Invitation to Attend Washington State Society Meeting.

Dr. Luhn, Spokane, asked for a moment at this point to write the invite the members of the Oregon State Society most cordially to be present and take part in the meeting of the Washington State Society in September, to be held at Spokane. He assured all that there would be a lively meeting, and all would have a good time.

Digitized by Google

The order of the papers was then changed to permit Dr. Byrd, of Salem, to present his remarks.

"Renal Calculi," W. H. Byrd, Salem.

Dr. Byrd said under normal physiologic conditions the solid constituents of the urine are in solution. Under abnormal conditions these solids may be precipitated in the kidney and form a stone. This stone may be passed out of the kidney as gravel, or, remaining, may grow to large proportions. Authorities differ in their classification of stone, but primary and secondary forms is the most rational classification. Primary stone antedates any disease of the kidney; secondary stone follows and is due to antecedent disease. Primary calculi are formed in acid urine and are either composed of uric acid or phosphates. Secondary calculi are formed in alkaline urine. Many contributing causes are to be found. Extremes of life, childhood and old age are usually regarded as the favorable times, but this does not appear true on this coast, where adult life is the common period. The bacterial origin of stone has been mentioned. Complications limited to the kidney and bladder are common. Nephrolithiasis is essentially a chronic condition. Symptoms may be typical of the disease or may be referred to other regions of the body, as the hip joint, etc. Sudden and acute pain, radiating downward, is frequent. Movements may induce it, and it often subsides with absolute rest. Renal tumor is a complication that may arise. Repeated examinations, chemical and clinical are to be made to diagnose. No methods establish absolute diagnosis, except radiography, palpation and the uretheral probe. Treatment is preventive, palliative or radical. Hygiene, good water, rest, limitation of diet, avoidance of alcohol are to be recommended. Radical treatment is surgical, and the paper concluded with a brief reference to its indications.

Dr. Wilson here suggested two means of getting through with the program—one, by cutting out discussion, the other by giving out-of-town physicians on the program an opportunity to read their papers while resident physicians yield their places. On motion of Dr. Harry McKay, the latter plan was adopted.

Discussion on Dr. Byrd's Paper.

Dr. McDaniel said the subject is a difficult one and a diagnosis is often almost impossible. The most successful examinations are now by X-ray, and the ureteral probe and catheter. Cited a case of gall stone, mistaken for renal calculus because of adhesions between the kidney and gall bladder.

Dr. Reuter, Dalles, said in regard to the pain of renal calculus he had seen two cases of chronic interstitial nephritis in which the pain closely simulated stone.

Dr. Byrd, in closing, said there are many possibilities of error in diagnosis. He cited an illustrative case which had been overlooked because of absence of any typical signs. Excessive mucus, traces of blood, etc., in association with pain, were suspicious signs of stone.

(The report will be concluded next month.)

Notes of the Meeting.

The thirty-second annual meeting of the Oregon State Medical Society has passed into history. Although it took place at a rather unfavorable season of the year, there was a good attendance throughout, nearly two hundred physicians having registered at the secretary's desk.

An unusually large number of

Digitized by Google

women physicians were present, especially at the hour when Dr. Anna Shaw spoke. This may be taken as an index of their great interest in the woman's suffrage question, which she briefly discussed.

The visit of Dr. Anna Shaw proved an agreeable interruption to the routine business. However one may disagree with her views, certainly no one can help admiring the very clever manner in which she presents them. Many complimentary remarks were heard concerning her brief address.

The acoustics of the hall were markedly defective, and this, in combination with its proximity to the street, made it often difficult to hear speakers, and suggested the desirability of a suitable home for the City and County Society, wherein it can entertain the State Society as its guests. Should such a home ever be obtained, it will be well to see that one of its chief features shall be a quiet location, with a hall having good acoustic properties.

Washington was represented by several of her most progressive and prominent physicians—this being proved by the fact of their being present. They took active parts in the program, and deserved and received the thanks of the society for their co-operation. Drs. Peterkin of Seattle, Yocom and Quevli of Tacoma, and Luhn of Spokane made up the efficient quartet from our neighboring state.

One of the regrettable features was the large number of papers unread. Their titles suggested their interesting and instructive characters. The writer has long been an exponent of a three days' meeting, which is not too long to dispose of a program such as was offered, nor too long to devote annually to meeting with one's fellows in an interchange of professional views and social courtesies. It is to be hoped that a third day may soon be added to our annual meeting.

The selection of Astoria for the 1907 meeting seems to meet with general approval. Portland doctors especially should be grateful for the opportunity it will afford for getting completely away from the cares of practice during the meeting. It was recommended to have the first day's session at Astoria, and the second at Seaside, this being suggested by the Astoria physicians who were responsible for the invitation.

Five hundred dollars was voted by the House of Delegates as a subscription for the medical sufferers from the San Francisco disaster. This generosity depleted the treasury and threatened at one time to break up the dinner given at the Commercial Club. Members of the City and County Society of Portland rose nobly to the occasion, and although the funds for this purpose had twice been voted away, insisted that the dinner should take place as planned.

The dinner at the Commercial Club was a decided success, although owing to the lateness of the hour at which it was planned many failed to receive notice and were, therefore, unable to be present. About eighty graced the festive board. The quickly arranged toast list brought out able responses, which were listened to with much interest.

Dr. Pettit's string of show cards at one time made the hall look like a patent medicine advertising agency.

Digitized by Google

Many were anxious to hear what he had to say on his subject, for, judging by the evidences of his labor in preparing so many cards, he had given it much thought and attention, and it was a source of regret that his paper had to be read by title.

The meetings of the House of Delegates were fully as interesting as the scientific sessions, and fully as lively. Much routine and new business was transacted there—so much, indeed, as to encroach upon the time of the general meeting on the second morning.

As was most proper, the Presidency went out of Portland. It has been almost an unwritten law for a number of years that Portland should alternate with rural societies in commanding this office, and no candidate was even nominated or suggested from this city. There are in the whole state no abler physicians than the three nominated for this honorable office, and many were able to come to a choice in voting only by some such device as flipping a coin. The contest was close and interesting, and the winner, Dr. Pickel, ought to, and doubtless does feel very proud of obtaining the laurel wreath from such popular and able aspirants.

The subjects which were most generally discussed were those bearing on the question of prophylaxis. This reflects the trend of the times. Nowhere can more enthusiasm be seen than in a meeting of physicians discussing the prevention of disease, and endeavoring to do that which will destroy or lessen their own opportunities for labor and seriously diminish their own financial reward. When the lawyers invent ironclad laws that will prevent or sadly discourage litigation, we will see a parallel condition of affairs. Until that halcyon time arrives the physician can find no competitor for honors in this especial direction.

The discussion on Dr. Peterkin's paper bearing on the prevention of the social evil, disclosed the fact that there were at least as many opinions as to the best means of dealing with the subject as there were speakers. It was noticeable that education in some of its varying aspects appeared to have a place in almost every speaker's utterances. Education is one of the best weapons with which civilized man can make warfare either in the care or prevention of his greatest enemy, disease.

Oregon State Medical Association.

Among the items of business transacted by the above Association at its meeting last month in Portland may be mentioned the following:

The report of Treasurer McGavin showed a balance in the treasury amounting to $925.81.

Officers were elected for the ensuing year as follows: President, Dr. E. B. Pickel, of Medford; First Vice-President, Dr. Rueter, of The Dalles; Second Vice-President, Dr. H. M. Shaw, of Ashland; Third Vice-President, Dr. Edna Timms, of Portland; Treasurer, Dr. Amelia Zeigler; Secretary, Dr. L. H. Hamilton.

Dr. Henry Waldo Coe was elected delegate to the A. M. A.

Drs. A. C. Smith, of Portland, and W. J. Mays, of Baker City, were elected Councillors.

In the House of Delegates, the following committee was elected on Medical Education: Drs. S. E. Josephi, B. A. Cathey, W. T. Williamson.

The sum of $500 was sent to Dr.

Digitized by Google

Kuegler, of San Francisco, for the benefit of the physicians of that city who were in financial distress by reason of the earthquake and fire.

Portland City and County Medical Society.

The annual meeting of this society took place on the 17th of May.

Dr. Josephi made a verbal report of the work done by the committee on legislation, stating that the committee had framed a circular letter which had been sent to the secretaries of the various county societies in the state, calling attention to needed legislation and education along sanitary lines.

Dr. Tucker, of the library committee, reported that they had started a fairly good medical library, consisting of between 500 and 600 volumes.

Dr. R. C. Yenney was nominated for president, and elected, there being no other nominees. Dr. L. H. Hamilton was elected vice-president. Dr. Alan Welch Smith was elected secretary, and Dr. Pettit treasurer. Councillors elected were Katherine Manion, E. F. Tucker and A. H. Johnson. Delegates to the State Medical Society were Drs. King, Hosmer, Marcellus, Pierce, Labbe, Sheldon, Hollister and Mae Cardwell.

The salary of the secretary was increased from $50 to $100.

Montana Medical Society.

A very interesting meeting of this society was held at Butte on May 10th. The following officers were elected for the coming year: President, Dr. O. Y. Warren, Superintendent of the Warm Springs Asylum; First Vice-President, Dr. Thomas D. Tuttle, of Billings, State Board of Health; Second Vice-President, Dr. L. P. Packard, of Whitehall; Third Vice-President, Dr. Edgar F. Dodds, of Missoula; Secretary, Dr. Grace Wilson Cahoon, of Butte; Treasurer, Dr. W. W. Taylor, of Kalispell.

Papers were read as follows: Address by President, Donald Campbell, Butte; "The Epileptic Among the Insane," Carl Horst, Warm Springs; "Professional Suicide," W. W. Taylor, Kalispell; "Mitral Stenosis as a Cause of Haemoptysis," T. A. Grigg, Butte; "Origin of Chronic Diseases and Errors of Refraction in Childhood," Carl Schulin, Billings; Clinical Report, George W. King, Helena; "A Case of Malignant Endocarditis," Phoebe Ferris, Butte; 'Acetanilid Poisoning," E. L. Sutherland, Sheridan; "Typhoid Fever from a Sanitary Standpoint," T. D. Tuttle, Billings; "Etiology of Acute Articular Rheumatism," I. Donnelly, Butte; "Notes on a Case of Amoebic Dysentery Originating in Montana;" "Notes on a Case of Latent Malaria," (with demonstrations of the parasites); From the Bacteriological Laboratory of St. Ann's Hospital, Anaconda; J. F. Spellman, W. B. Wherry, Anaconda; "Treatment of Scalds and Burns or Skin Grafting," H. E. Houston, Whitefish; "Recognized Surgical Treatment of Ulcer and Cancer of the Stomach," T. J. Murray, Butte; "Puerperal Eclampsia," J. S. Hammond, Butte.

Billings was chosen as the place to hold the meeting next year.

A committee was appointed to cooperate with the various county societies in the prosecution of illegal practitioners. An appropriation of $250 was made by the association for that purpose.

Spotted Fever.

In an effort to solve the spotted fever problem, which has puzzled the members of the medical profession for years, Dr. H. T. Ricketts, of the Medical Department of the University

Digitized by Google

of Chicago, but who has been located at Missoula for the past year, devoting his efforts to the solution of the subject, read a paper of vast importance and of much interest to the profession.

For five years eminent physicians have studied this problem, and much of value regarding it has been learned. It is acknowledged, however, that much is yet to be learned before the cause of the dread ailment can be determined and a cure for it can be accomplished.

The theory that the fever has its origin in the bite of an insect popularly known as the woodtick has almost been abandoned, although the most earnest and painstaking investigation is still progressing along this and other lines that in some measure give promise of yielding important results. Dr. Ricketts urges that not only the medical profession, but also the government, should do everything possible to stamp out the fever, as the future of the Bitter Root valley, with its splendid agricultural possibilities, depends upon that result being attained.

It was stated by Dr. Ricketts that the fever has recently appeared in at least one gulch in the valley, where its presence was never noted before. Out of the many cases this year seven have proved fatal.

In the discussion following the reading of the paper, a number of members of the association spoke of the grave nature of the situation as described. Dr. Ricketts was elected an honorary member of the association.

On motion of Dr. T. D. Tuttle, the chair appointed a committee to endeavor to secure an appropriation from the legislature to be devoted to a further investigation of the spotted fever problem. Drs. T. D. Tuttle, T. J. Sullivan, J. F. Spellman, G. W. King and G. T. Mucullough were appointed on the committee.

A resolution was adopted pledging the support of the association to the life insurance companies that still pay the full fee of $5 for each examination of an applicant for insurance.

The visiting physicians were entertained at lunch at the Thornton, as the guests of Dr. J. A. Donovan.

The evening banquet was an enjoyable affair.

The Leucocyte Formula in Pertussis.

F. S. Churchill, Chicago (Journal A. M. A., May 19), has studied the lymphocyte increase in whooping cough and reviews its literature. In 36 cases, leucocytosis existed in all but one. Differential counts showed a lymphocytosis in 30, and in 15 out of 16 patients examined in the catarrhal stage. The significance of a high percentage of lymphocytes is of course greater as the child advances in years. His conclusions are as follows: "1. A general leucocytosis is present in almost all cases of whooping cough. 2. A lymphocytosis, i. e., an increase in the number of lymphocytes is found in about 85 per cent. of cases at some time during the course of the disease. 3. A lymphocytosis is found even more constantly during the early or catarrhal stage, over 90 per cent. showing the phenomenon at this time. 4. A lymphocytosis in a child with a hard persistent cough is a factor of great diagnostic value. It is also of prophylactic importance, inasmuch as it can be utilized to prevent the spread of the disease by leading to the prompt isolation of the patient. 6. The child's age must be taken into account in estimating the importance of the lymphocyte percentage."

Digitized by Google

Book Reviews

The Practical Medicine Series, Comprising Ten Volumes of the Year's Progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School, Vol. I; General Medicine, edited by Frank Billings, M. S., M. D., head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Chicago Clinical School; Vol. II, General Surgery, edited by John B. Murphy, A. M., M. D., L.L. D., Professor of Surgery in Rush Medical College. Series 1906. Chicago: The Year Book Publishers.

This series is published primarily for the general practitioner, but at the same time the arrangement in several volumes enables those interested in special subjects to purchase only the parts they desire. A great mass of very valuable literature appears each year in the topics covered by such a series, and the powers of discrimination of the reviewer is put to a most severe test. The editors of this series are well equipped for their task, and they have certainly produced two most valuable volumes.

Bovee's Gynecology. The Practice of Gynecology by Eminent Authorities, edited by J. Wesley Bovee, M. D., Professor of Gynecology in George Washington University, Washington, D. C. In one very handsome octavo volume, containing 838 pages, with 382 engravings and 60 full page plates in colors and monochrome. Cloth, $6.00, net; leather, $7.00, net; half morocco, $8.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York.

This is the first of a series of three companion volumes dealing respectively with gynecology, obstetrics and pediatrics, and jointly covering this whole cognate domain in the light of the world's latest and best knowledge. The present volume furnishes a practical treatise on the diseases of the generative organs of women, including the urinary system and rectum. Its scope is intentionally much broader than the usual treatise or text-book on gynecology. Breadth of view is insured by the assignment of the various chapters to seven authorities of recognized eminence, who have written in the light of ample experience. Each author includes his own observations of diseased conditions, and gives clearly defined therapeutic measures, especially those which in his own hands have resulted successfully. The contributors to the volume are the editor, J. Riddle Goffe, M. D., New York; G. Brown Miller, M. D., Washington, D. C.; Geo. H. Noble, M. D., Atlanta; Benjamin R. Schenck, M. D., of Johns Hopkins; Thomas J. Watkins, M. D., Chicago; X. O. Werder, M. D.,Pittsburg. The volume is very richly illustrated with engravings and colored plates, most of which are original and taken from the authors' cases.

The Effects of Tropical Light on White Men. By Major Chas. E. Woodruff, A. M., M. D., Surgeon United States Army. 353 pages and index. 1905. Rebman Co., Publishers, 10 W. Twenty-third street, New York City.

This book contains a vast amount of useful information on a series of subjects of interest to practitioners. It is simply written and makes entertaining reading for laymen as well as physicians. The first chapter is devoted to a discourse on the distribu-

Digitized by Google

tion of life according to geological zones, followed by a chapter on the physics of ether waves, in which the theories of rays from Hertzian and infra-red through the solar spectrum, into ultra-violet Roentgen and radium rays are scientifically presented. The effects of light rays on protoplasm receive much attention. The author treats intelligently the influence of sunlight, heat, cold, and barometric conditions in man, and offers interesting theories of their influence on racial differences, especially as related to the degree of pigmentation in different nationalities. Excessive pigmentation he considers essential for the protection of those who live in light regions. An especially interesting chapter is that devoted to the results of insufficient pigmentation. Surprising as it may seem, suicides and arrests for crime and insanity are found to be most frequent on bright, sunny days. He teaches the benefits of clouds and cloudy weather, overthrowing many of our established theories on climatology. Altogether, the inference is that residents of the Pacific Northwest Coast have much to be thankful for in the pleasant and healthful cloudy weather which protects them so well from the destructive effects of too much sunlight.

The book is a resume of an enormous mass of literature, and we cannot help wondering where the author obtained access to it all, and at his patience in reviewing it. This is agreeably interspersed with analytical comments, always striking and suggestive. Though at times the author cannot be agreed with, he rarely for a moment fails to excite admiration for the cleverness of his concepts and the tenacity of purpose with which he exploits them. The book should have a high place for simplicity and directness, for keen analysis and, above all, for originality.

OBITUARY.

Dr. H. A. Leavens.

Dr. H. A. Leavens, one of the pioneer physicians of Oregon, died on the 7th of May, at the residence of his daughter at Cascade Locks. Dr. Leavens was born in Onondaga County, New York, in 1824. In 1852 he came to Oregon, fought Indians and until 1886 was the only physician in the territory extending from White Salmon, Wash., to Troutdale on the Oregon side, and Vancouver on the Washington side of the Columbia.

W. L. Adams.

Dr. Wm. Lysander Adams died at his farm near Hood River on April 26th, at the age of 85 years. Dr. Adams was born in Painesville, Ohio, in 1821, and came to Oregon in 1846. In 1874 he opened an office in Portland, where he practiced for two years, when he removed to Hood River. He died leaving much valuable property.

Dr. H. B. Hargis.

The death occurred at Klamath Falls, Or., on the 19th ult., of Dr. H. B. Hargis, the physician of longest residence at Klamath Falls. He died suddenly, being apparently in good health a few hours before he was stricken. He was 43 years of age.

Dr. George Wigg.

The death occurred, on May 31st, of Dr. George Wigg, of Portland. He was apparently recovering from a long siege of illness. Dr. Wigg was 68 years of age at the time of his death. He was a native of England, came to the United States in 1864, and had practiced medicine in Portland since 1882. He was a former president of the State Homeopathic Society, and was a contributor to the medical publications of his school of medicine.

Digitized by Google

Personal

Oregon.

Dr. Russell has located at Marshfield.

Dr. L. V. Smith is a new doctor at Vale.

Dr. L. A. Bollman has located at Dallas.

Dr. G. U. Snapp has located permanently at Newberg.

Dr. A. Reid has been appointed health officer at Ione.

Dr. E. N. Crockett, of Portland, was in Walla Walla last month.

Dr. E. R. Seely, of Lostine, was a La Grande visitor last month.

Dr. N. L. Lee, of Junction, visited his son last month at Eugene.

Dr. W. H. Booth, of Lebanon, was an Albany visitor last month.

Dr. W. H. Booth, of Lebanon, was in Albany one day last month.

Dr. W. Kuykendall, of Eugene, has returned from his Eastern trip.

Dr. Frederick Crang, of Forest Grove, has been on the sick list.

Dr. Wm. O. Spencer, of Huntington, was a Portland visitor last month.

Dr. B. O. Miles, who recently moved to Gervais, has left with his family.

Dr. and Mrs. W. L. Cheshire, of Eugene, were recent visitors in Portland.

Dr. E. M. Hurd, of Salem, last month paid a visit to the Lincoln county coast.

Dr. M. H. Ellis, of Albany, attended the Bernhardt performance at Portland.

Dr. H. P. Brockhart, of Drain, visited relatives last month in Eugene.

Dr. A. A. Finch, of Astoria, called on some of his Portland friends last month.

Dr. E. C. Dalton, of Salem, made calls last month at Albany and Corvallis.

Dr. J. Griswold, of Helix, recently spent a week at his Columbia river ranch.

Dr. F. W. Whiting, of Elgin, made a professional visit to Summerville last month.

Dr. O. B. Estes has returned to Astoria after a fine trip through the Eastern states.

Dr. J. S. Parson, of Ashland, was a visitor in San Francisco shortly after the earthquake.

Dr. W. E. Best, of Huntington, has been looking over Arleta, with a view of locating there.

Dr. H. L. Power, formerly of Palmer, Oregon, has removed temporarily to Archer City, Texas.

Dr. I. B. Bartle, of Eugene, has bought the house which he has occupied for some time.

Dr. F. E. Slater has returned to Gervais, he having bought out the office of Dr. Miles.

Dr. Geo. E. Houck, of Roseburg, was appointed on the staff of the O. N. G. by Gov. Chamberlain.

Dr. Walter L. Marsden, of Burns, was a witness in a court case at Prineville last month.

Dr. C. J. Smith, of Pendleton, attended the Caledonian picnic at Athena on the 26th ult.

Digitized by Google

Dr. D. A. Paine, of Eugene, was a visitor last month at Cottage Grove on professional business.

Dr. Floyd M. Day, of Eugene, spent a day recently fishing for rainbow trout on the McKenzie river.

Dr. J. J. Leavitt, of Molalla, attended the funeral at Oregon City of his old friend Sheriff Shaver.

Dr. J. K. Reader, of Ashland, attended the meeting of the pension board at Medford last month.

Dr. Wm. Kuykendall has returned to Eugene after his post-graduate course in surgery in Chicago.

Dr. Albert G. Prill, of Scio, is developing skill, during his leisure time, as an amateur photographer.

During the heat of the campaign, Dr. Cole, of Pendleton, found time to make a professional call at La Grande.

Dr. E. C. Hoover, of Roseburg, entered politics this year, and it helped him to get acquainted with his neighbors.

Dr. J. F. Wood, of Condon, was a Portland visitor last month. He brought a patient to one of the hospitals.

Dr. John S. Rankin has located at Huntington. He came from Toledo, Ohio, where he practiced medicine for four years.

Dr. W. D. McNary, of Salem, has tendered his resignation as one of the assistants at the Salem hospital for the insane.

Dr. A. K. Higgs, of Heppner, has purchased a ranch in the Cottonwood country. The tract includes two sections of land.

Dr. L. W. Brown, of Eugene, has been elected one of the directors of the Eugene Theater Company for the current year.

Dr. E. R. Seely, of Lostine, ran again for coroner at the late election. He made a good officer during the past two years.

Dr. A. A. Finch, of Astoria, received the sad intelligence, early last month, that his father was among the San Francisco dead.

Dr. Richard Cartwright, of Salem, has removed to Klamath Falls, where he has entered into partnership with Dr. E. L. Steiner.

Dr. W. E. Carll, of Oregon City, was one of the hard workers at San Francisco, and he was pretty tired when he returned home.

Dr. F. M. Day, of Eugene, is in Europe, where he proposes to visit some of the noted clinics. Mrs. Day will in the meantime visit relatives in Minnesota.

Dr. J. S. Parson, of Ashland, went last month to San Francisco. His duties as Southern Pacific surgeon were performed during his absence by Dr. Bowersox.

Dr. J. C. Booth, of Lebanon, attended the funeral of his old comrade in the Philippines, O. D. Henderson. Henderson was shot by desperado Smith near Oregon City.

Dr. E. C. Dalton, of Salem, is said to have been the first Oregon doctor to arrive on the ground after the San Francisco earthquake. He had charge of one emergency hospital.

Dr. Giesy returned on the 30th ult. from his New York trip, where he went for an operation on his eyes. The operation was entirely successful —a fact that everybody is thankful for.

Digitized by Google

Dr. J. W. Hymson, of San Francisco, who came to Portland three weeks after the San Francisco disaster could not speak in too high praise of the work done by the Portland doctors at the Bay City.

Washington.

Dr. C. G. Black, of Pomeroy, was in Walla Walla recently.

Dr. H. Mitchell, of Wilson Creek, has been on the sick list.

Dr. W. C. Cox, of Hartline, went to Spokane the latter end of May.

Dr. Henry A. Saunders was in Ephrata last month on business.

Dr. Chas. S. Kalb, of Spokane, has been improving his residence property.

Dr. Chas. H. Day, of Dayton, was in Walla Walla in May on professional business.

Dr. O. L. Rush, a graduate of Rush Medical College, has located at Sprague.

Dr. H. H. McCarthy, of Spokane, assisted with an operation at Sprague last month.

Dr. George W. Ensley, of Fairfield, was a visitor in Spokane about the end of the month.

Dr. G. H. Graham is a new physician at Ballard. He has recently arrived from Kansas City.

Dr. and Mrs. Theodore Madison, of Centralia, returned last month from an extended eastern visit.

6Dr. Geo. S. Armstrong, of Spokane, was recently married to Miss Agnes Meeds, of Zanesville, Ohio.

Dr. S. P. McPherson, of Chewelah, went to Boulder, Col., last month on business for a ten days' trip.

Dr. H. J. Whitney, of Davenport, purchases an irrigation farm every little while. He has just secured another near Wenatchee.

Dr. and Mrs. J. B. Anderson, of Rosalia, were in Seattle last month, attending the lodge meetings of the K. of P. and the Rathbone sisters.

Idaho.

Dr. J. J. Plummer, of Hailey, was in Boise in consultation last month.

Dr. C. E. Schmitz, of Cambridge, was a visitor in Boise last month.

Dr. F. A. Campbell, of Grangeville, was a visitor to Stites last month.

Dr. J. N. Clark, of Moscow, was a caller at Garfield, Wash., last mont

Dr. M. McKinnon, who recently l cated at Sand Point, went last mon to Minnesota and returned with wife and two sons.

Dr. J. J. Hamilton, of Caldwell, been writing some interesting le for his home newspaper on his to the Eastern states.

Montana.

Dr. J. M. Scanland has been sele as company doctor by the emplo of the East Butte Extension Mi Co.

British Columbia.

Dr. McMicking has resigned physician on the steamer Athen and has established himself in p tice at Victoria.

Digitized by Google

K & O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES

GLYCO-THYMOLINE

IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY

Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh

KRESS & OWEN COMPANY - 210 Fulton Street, New York

Digitized by Google

PUBLISHERS' NOTES

A Convenience to Physicians.

As a great convenience in office practice and especially to the country doctor who is not in close touch with a druggist, the Gibbs Hollow Suppositories are much appreciated. Any doctor who has ever made suppositories, even with the latest molds for the purpose, will agree that it is difficult to get them firm, smooth and evenly medicated and that cocoa butter, which forms the base of nearly all suppositories, is by no means easy to manipulate. The Gibbs Hollow Suppositories, which have held their popularity for more than twenty years, overcome these difficulties. These cocoa butter shells, which are provided with conoidal self-sealing stoppers, are all made from the purest cocoa butter procurable. They are firm and smooth, may be easily and quickly filled with any medicine, and are hermetically sealed by the stoppers. The hollow suppositories assure even medication and perfect solubility and are of such a shape that when the large or stoppered end is inserted the contraction of the sphincter forces them up into the rectum without the use of a suppository syringe or any other appliance whatever. The Gibbs Hollow Suppositories are made in eight sizes, and are adapted for anal, nasal, urethral, cystic, vaginal and intra-uterine medication. The Suppositories are put up in wooden boxes, each suppository standing upright in a compartment by itself, convenient for filling and sealing with the stoppers without handling or removing from the box, thus furnishing a most convenient means of easily and quickly preparing a firm, smooth and evenly medicated suppository. The suppositories may be obtained from any druggist or direct from the agents, Messrs. Schieffelin & Co., New York.

A Tonic During Convalescence From Acute Lung and Bronchial Diseases.

The large number of cases of pneumonia, bronchitis and other acute diseases of the air passages prevalent during the winter and early spring that will confront physicians, put them on the qui vive for agents of a remedial nature that will assist them in their winter's work. Opinion as to the proper management of a pneumonia differs widely, one man adhering to a certain mode of procedure and another employing another method of treatment. Owing to the very nature of the disease, there could scarcely be any uniformity of treatment. The point at issue is to keep the inflammation under subjection as well as possible, guiding the patient with the same cool and steady hand a mariner uses in steering his craft through a treacherous channel.

But even with defervescence of the disease established, the trouble is not yet over; there are still some rocks and shoals, and possibly not charted. It is at this time when the need for a tonic constructive is clearly shown. The patient should now be put upon Hagee's cordial of codliver oil. This is one of the best known of the codliver oil preparations, and its palatability adds very much to its efficacy as a remedy. Hagee's cordial will prove acceptable to stomachs that are intolerant of ordinary codliver oil. Its therapeutic value is much enhanced by the addition of the hypophosphites of calcium and sodium.—The Medical Mirror.

Digitized by Google

MEDICAL SENTINEL

JULY
1906

Volume XIV **Number 7**

Notes

The Seattle authorities are agitating for an automobile ambulance. They insist that it is desirable on the grounds of greater efficiency and greater economy of operation.

Dr. Ella K. Dearborn, of Portland, recently prepared a little pamphlet, instructing mothers on what they should do "when baby is sick." It contains many excellent and common sense suggestions, which, if followed, will work great things for the comfort of both babies and parents.

Dr. C. J. Fagan, the provincial health officer of British Columbia, has enlisted in the work of preventing the spread of tuberculosis. He recently delivered an address on the subject at the New Westminster High School, and he is working to secure the erection of an open air sanitarium.

At the annual meeting of the Oregon State Homeopathic Society, Dr. W. W. Wick claimed that "carpets are the greatest sources of danger to children, as they play and crawl upon them. This stirs up the dust, and the disease germs that collect there are breathed into the human lungs and become active."

The Washington newspapers are severely criticising the policy of the state administration, in their too great economy in the management of the state insane hospitals. In the Steilacoom asylum it is claimed that there is only one physician to each 500 patients, and there is no possibility of the inmates receiving any medical treatment looking to their recovery.

Digitized by Google

The annual meeting of the Southern Oregon Medical Association was held at Medford on the 20th of June, and the following officers were elected for the ensuing year: President, Dr. W. F. Kremer, Grants Pass; Vice-President, Dr. Wm. C. Gilmour; Secretary-Treasurer, Dr. Thos. W. Hester, Jacksonville. A number of interesting papers were read, and discussions engaged in.

Dr. Byron E. Miller, of the State Board of Medical Examiners, claims that the Oregon laws relating to the admission of physicians to practice in this state are altogether too lax. The chief defect, in the mind of Dr. Miller, is that it is possible for a man to secure a license to practice who has not graduated from any medical college. He thinks there should be a change made in the law in this regard.

The Crook County Medical Society is a new organization which promises mutual benefit to the medical men within the borders of the county. The first officers are as follows: President, Dr. J. H. Rosenberg; Vice-President, Dr. U. C. Coe; Secretary and Treasurer, Dr. Chas. S. Edwards. The society will meet quarterly. At the first meeting, held at Prineville early last month, a fee bill was adopted.

Everybody will regret the death of Manual Garcia, of London, the inventor of the laryngoscope. The old man had seen several generations of mankind pass off the stage of action. He was born in 1805. It is reported that a few months ago a prospective music pupil came to him, and after trying her voice, he told her to come back to him in three years, and he would then take her as a pupil. His life was one of honor and usefulness.

The Lane County (Oregon) Medical Society held its annual meeting at Eugene on the 14th of June. Officers were elected as follows: President, Dr. T. W. Harris; Vice-President, Dr. C. T. Hockett, of Cottage Grove; Secretary-Treasurer, Dr. P. J. Bartle, of Eugene. The principal feature of the meeting was an address by Dr. Wm. Kuykendall, in which he gave a resume of his recent trip East, where he took a post-graduate course.

The North Idaho Medical Society had a good meeting at Coeur d'Alene on the 20th ult. The physicians in attendance went to Spokane and witnessed a clinic at St. Luke's hospital, given by Dr. C. P. Thomas. At the conclusion of the clinic they were entertained at lunch, and then went on the electric line to Coeur d'Alene. A number of interesting papers and discussions were had there, and a pleasant and profitable time was the result.

Digitized by Google

The following item of news is from the Portland Telegram: A distinguished honor, worthily bestowed, was that of the second vice-presidency of the American Medical Association, the greatest institution of its kind in the world, on our esteemed fellow citizen, Dr. Andrew C. Smith. Our compliments to the doctor, and may his many friends never rest until they have landed him in the presidency of the association, an office which he would fill with grace and conspicuous ability.

The Oregon State Homeopathic Medical Society held its thirteenth annual convention in Portland on the 11th of June. Dr. A. W. Vincent, of St. Johns, was elected President; Dr. D. O. Webster, of University Park, Vice-President; Dr. Nellie Smith-Vernon, Second Vice-President; Dr. Emma J. Welty, Treasurer; Dr. Charles Billington, Secretary. The board of censors and legislative committee were continued—the former consisting of Drs. H. C. Jefferds, B. E. Miller, Nellie Smith-Vernon, G. C. Eshelman and A. S. Nichols; the Legislative Committee, Drs. A. S. Nichols, H. C. Jefferds and Osmon Royal. An interesting program was provided.

The health authorities of Spokane and the irrigated belt of Eastern Washington are very much interested in septic tanks. Dr. J. M. Semple, of Spokane, and Dr. P. Frank, of North Yakima, have been on a tour of inspection of such tanks in use in Vancouver, B. C., and other places, with a view of making recommendations for the construction of similar tanks, for the disposal of sewage of some Washington cities. As the cities of Eastern Washington become larger, the precipitation of their sewage into the rivers becomes a very serious matter, and the construction of septic tanks is thought by some to be the proper solution of the difficulty.

The meeting of the Central Willamette Medical Society at Albany, on the 6th, was a very successful one. Dr. R. C. Coffey, of Portland, read a paper on "The Present Status of the Diagnosis of Diseases of the Abdomen." The meeting was one of the most instructive and enjoyable ever held by the society. During the evening the society appropriated $50 of its funds for the benefit of the California physicians who have been affected by the earthquake and fire. The society passed strong resolutions against the cut made by some of the life insurance companies for examiners' fees. The next meeting will be held at Lebanon on September 6th. A banquet was held to wind up the proceedings of the meeting, at which an enjoyable time was had.

Changes are to be made this summer in the building occupied by the medical department of the University of Oregon, at Portland, which will greatly facilitate the work of the school. A large addition is to be erected

Digitized by Google

at a cost of $10,000, thus giving increased room for work, which is necessitated by the growing attendance. The new portion of the building will adjoin the present building at the rear, and will correspond with it in appearance. It will be the same height as the present building, which is three stories, out will have only two floors. The lower floor of the addition will contain a large lecture hall in amphitheater style, with seats rising in a semi-circle around the platform. The platform will be fitted with operating and dissecting tables, so that the teachers can demonstrate in full view of a large class. The second floor will contain two laboratories.

The King County Medical Society (Seattle) is not well pleased at the prospect of the Cedar River, whose waters are used for drinking purposes by the people of Seattle, being polluted by the prospective work of a new railroad line that is seeking to go through the river reserve. The society is taking a very laudable interest in the matter, and every physician in the Pacific Northwest hopes they will succeed in properly protecting the public health. It is a little remarkable that medical societies are the only ones that seem to take a vital and aggressive interest in such subjects. The commercial bodies are intent on getting new railroads—which is a good thing—but the preservation of the health of the people is a secondary matter with them, until the damage is done. It is regrettable that at least one Seattle newspaper ridicules the efforts of the Medical Society.

A doctor residing in Oregon, who does not give his name or location, writes to The American Journal of Clinical Medicine, on the subject of reciprocity. He gives his own experience. He is 54 years old, "too old to be very successful in any other line of business, with an invalid wife, no means to speak of" and yet he is unable to practice in this state, and comply with the law. He is allowed to practice in Wisconsin, but apparently he could not pass the examination here. He lives in Southern Oregon —"near the California line, in a most beautiful country, ever green." He proposes to continue to practice, and defy the laws, trusting that no jury will convict him. The editor of the journal to which he writes does not sympathize with his law-breaking determination, but at the same time it adds "that there is something decidedly wrong with the medical legislation which denies justice to an old doctor, which virtually, if not technically, discriminates against him; which makes it well nigh impossible for a very large percentage of us to practice legally in any other state than the one in which we may now happen to reside." The editor then insists upon fair play. All this is very interesting, and the discussion is timely. But there are some things that are puzzling, and apparently incongruous. While doctors from other states are claiming that they cannot pass examinations that will permit them to practice in Oregon, an Oregon doctor is claiming that the examinations here and the laws governing them are so poor that no other state will permit reciprocal relations with us.

Digitized by Google

Editorial Notes

Caring for the Tuberculous.—In many states of the Union there is an awakening to the necessity for the establishment of sanatoria for the treatment of tuberculosis of the lungs. The open air treatment is gaining adherents everywhere. Pure air and plenty of it by day and night; good food, administered in sufficient quantities, and general sanitary conditions of the best sort—these factors are being recognized as the means for the destruction of the tubercle bacilli. Second in interest to a description of a successful sanitorium, established and managed on the latest and best principles, is a description of establishments seeking the cure of tuberculosis, under improper conditions. Some of these institutions are expensive enough in their establishment and management; but the basal elements are wrong. Our attention has just been called to a very interesting description of the proceedings of the Pennsylvania Tuberculosis Exhibition held last January under the auspices of the National Association for the Study and Prevention of Tuberculosis. The exhibition was inspired by the chief of the Phipps Institute in Philadelphia for the study, treatment and prevention of tuberculosis. It would seem from observations made by Dr. George B. H. Swayze, that this institution serves more directly for the study of tuberculosis and of patients, than for the prevention or cure, of consumption.

The purpose of the Medical Sentinel in calling attention to this institution is that the many western states which are being awakened to the desirability of state aid in the establishment of sanatoria for the treatment of the consumptive, may be enabled to profit by the mistakes made by such institutions as the Phipps. The first and chief mistake made is that the institution is poorly located. If experience teaches anything in these days regarding the treatment of tuberculosis, it is that the open air is the great healing agency. Rather in contradiction to the general idea of fresh air treatments for consumptives, the Phipps Institute is stocked with a varied drug store equipment, exceeding 250 items of drugs and addenda. Pure air, says Dr. Sawyze, is not available in that location, because it is not there, though a breeze sometimes reaches the location from Delaware, as a relief. The building is hemmed in so that only the front and back can be depended upon for air. The history of each case is systemized to the fullest and most particular extent. From family history and social relations and locations of dwelling places, the conditions of health during the first five years of life, and on through childhood are obtained. All present symptoms and appearances are jotted down; the nose, throat and ear are subjects of detective scrutiny in all divisions of their structure, with a thoroughness rarely equalled by an expert specialist when preparing a treatise. Detailed records of these examinations of individuals are written out and filed for future reference.

While study of individual cases has its place, and minute scrutiny of causes and course of disease, yet it would seem that the management of this institution is an example to the rest of the world as to how not to do it. Hospitals for the care of the consumptives erected on expensive city lots, built of such costly materials as the fire ordinances of every well regulated city require, are not nearly

Digitized by Google

as well adapted for such use as cheaper buildings on cheaper lands in the country, where quiet, fine air, clear breezes and country surroundings are to be had. These blessings, coupled with expert attendance, good food and proper discipline, will rob tuberculosis of its terrors, and work a thousand fold more good to the poor and ailing, than the expensive institutes such as that which we have described.

The Meat Inquiry.—The physicians of the country who are the most active promoters of measures to prevent disease, are very much interested in the efforts being made by the federal government, to secure wholesome conditions in the great meat packing institutions of the country. It is so uncommon a thing for the authorities to manifest any particular interest in the health of the people, that the present activity is gratifying. It matters not, usually, how much the President of the nation may urge Congress to legislate for the benefit of the health of the soldiers of the country, the individual congressman and the committees of both houses, take but a perfunctory interest in such matters. The widows and orphans; the fathers, mothers, brothers and sisters of those who die unnecessary deaths on miasmatic camping grounds in our occasional wars, are not loud enough of voice or insistent enough of temperament, to make it interesting. Their relatives are dead, and the survivors go about their daily tasks, oblivious of the fact that there are other boys who, in the event of a war breaking out, will be subject to the same perils. Medical men pass resolutions in their state and national gatherings on the subject; they write to their individual congressmen, whom they helped to elect, but there the matter rests, year after year.

The facts being as they are, it is interesting, we say, to see the interest that Congress seems to take in the scandals that have been exposed regarding the conditions in some of the great meat packing houses. Perhaps this excitement is partly due to the fact that an election is coming in a few months, and something must be done to convince the voters that their representatives are alive to the interests of the public. If an election were not imminent, it is very likely that the protests of the President against the present conditions might pass by with as little interest being manifested as has been shown when comparisons are made between the way the American and the Japanese armies are looked after, medically, in the field. It is claimed that vast injury has been done to the meat interests abroad by the exposures that have been made. While in a general way everybody regrets to see any great American industry suffer, because such suffering is liable to react on many innocent parties, yet it is indeed surprising that the consideration of the health of the people should for one moment be considered of sufficient importance to the newspapers and Congress, to cause such a fuss. It looks indeed as though something might be done; as though present conditions would be remedied, and that real preventive measures will be adopted, which will serve in a measure to protect the health of the people.

It is a pity that those firms whose premises were found to be in fine condition, and those whose premises were unsanitary, were not itemized, and the public informed as to which were blameworthy and which were otherwise. Now the good are suffer-

Digitized by Google

ing for the sins of the bad. Perhaps the government could not be expected to give a clean bill of health to one firm, as that would look too much like advertising. But it has always seemed to us that for an inspector to go around, whether it be in Chicago or Portland, and give as his report that he found a certain number of business houses clean and a certain number unclean, was most unsatisfactory. Let the names be published, if it is desirable that improvement be made. Advertising of this character will the soonest bring about reforms. The world would like to know what the conditions were in Armour's, in Cudahy's, and other packing houses—whether they were clean or dirty.

This will be a pretty good world to live in if the public authorities will follow the example of medical societies, and start out to prevent disease —to remove the conditions that tend to its spread. But such excellent work should not be left to a few months before election. It should be continuous. There should be no politics mixed in it. Good laws should be enacted, and those laws should be impartially enforced.

Sensational Reformers. — Various medical societies have, during the past few months, held up as paragons of excellence certain magazines that have exposed patent medicines which are fraudulent in their claims. These magazines have doubtless done a great amount of good in arresting the tendency on the part of the public to purchase at the corner drug store preparations adorned with flashy labels, which promise to accomplish great things for the sufferer. But the business of exposing fraudulent medicines, if not undertaken by a man who is competent to perform his work, is liable to swing over into the domain of sensationalism. Last December Colliers Weekly published a list of 22 supposed cases of death and serious illness from "headache powders," which, on investigation, have been proved to be mostly lies or gross exaggerations. Only six of the 22 cases were discovered to have been bona fide cases of poisoning, and nearly all were due to overdoses. Most sane persons deplore that when the average individual has a headache, he is liable to rush off and take a "headache powder," which, in nine cases out of ten is composed of materials that will not in the slightest degree relieve the trouble of which the headache is a symptom. But that is no reason why a facile writer should draw on his imagination and ascribe to certain specified drugs which have a proper place in the domain of medicine, the evils that followed their alleged taking. In a recent issue of the St. Louis Medical and Surgical Journal, Dr. Ohmann-Dumesnil has an article on this subject which is decidedly enlightening as to the methods that have been used by Colliers, to make its articles readable, regardless of the truth of its illustrations. Such a tendency to grasp at any newspaper yarn to make a point, is not scientific, and should not be encouraged.

Life Insurance Examiners.—The annual meeting at Boston of the American Association of Life Insurance Examining Surgeons was a very interesting one, and especially so because of the discussion that has been going on in medical circles during the past year, as to the proposed reduction in fees for this work. Among the officers for the past year was Dr. Henry Wells Dewey, of Tacoma, who was president, and Dr. Wm. F. Amos, of Portland, who was vice-president.

Digitized by Google

American Medical Editors' Association.—The American Medical Editors' Association was organized thirty-seven years ago. Dr. Nathan S. Davis was its first President, and Dr. Henry O. Marcy its first Secretary. Dr. Marcy was at the recent meeting and wittily responded to the toast "the ladies" at the banquet. The Association is made up of one hundred of the leading independent medical journals of America, including all but one of the American medical weeklies, and all the leading monthlies. The session just closed was the most noted in the history of the organization.

Intense loyalty to the American Medical Association was everywhere manifested, and the President found a ready response from the members, when he said, in opening the business meeting, that the independent medical press before its own personal interests place the interests of the American Medical Association, and the Journal of the Association; realizing that the independent press had made the A. M. A. and its Journal. At the same time, in the interest of an independent medical profession, it would more and more become incumbent upon the independent press to watch with a zealous eye the management of the great medical body which controlled the Journal and which should never be controlled by the Journal.

Program of the American Medical Editors' Association:

President's Address, Henry Waldo Coe, M. D.; The Repeater in Medical Literature, Frank P. Foster, M. D.; The Business of a Medical Editor, Harold N. Moyer, M. D.; Proprietary Advertising, W. C. Abbott, M. D.; Some Thoughts in Connection with the Editing of Original Articles, and on Medical Book Reviews, Walter M. Brickner, M. D.; The Profession of Medical Editorship, James Evelyn Pilcher, M. D.; Independent Journalism a Necessity for the Profession, Kenneth W. Mellican, M. D., M. R. C. S.; Independent Medical Journalism, J. J. Taylor, M. D.; The Official State Journals vs. the Private Medical Journal, William J. Robinson, M. D.; Original Papers and Abstracts as Seen in Medical Journals, T. D. Crothers, M. D.; Proper and Improper Medical Advertisements, John Punton, M. D.; Psychiatry and Neuriatry in General Medical Journals, C. H. Hughes, M. D.; The Scope of the Official State Medical Journal, Chas. Wood Fassett, M. D.

The officers of the Association for the years 1905-6 were as follows: President, Henry Waldo Coe, M. D., editor Medical Sentinel, Portland, Oregon; First Vice-President, James Evelyn Pilcher, M. D., editor Journal of the Association of Military Surgeons, Carlisle, Pa.; Second Vice-President, Frank P. Foster, M. D., editor New York Medical Journal, New York; Secretary and Treasurer, Joseph MacDonald, Jr., M. D., managing editor American Journal of Surgery, New York; Chairman Committee of Arrangements, Charles Green Cumston, M. D., editor American Journal of Urology.

The annual banquet of the American Medical Editors' Association was held June 4th, 1906, at the University Club, Boston, Mass. It was the most notable social event of the A. M. A. session.

The speakers were: Toast Master, Henry Waldo Coe, M. D., President of the Association; Surgeon General Walter Wyman, U. S. Hospital and Marine Service, etc.; Major Jefferson Randolph Kean, United States Army; George B. Shattuck, M. D., Boston; Henry O. Marcy, M. D., Boston; Frank P. Foster, M. D., New York; Andrew C. Smith, M. D., President State Board of Health, Portland, Oregon; Carlos MacDonald, M. D., New York; Britton D. Evans, M. D., Morris Plains, N. J.

The menu was as follows:

Canape Lorenzo
Little Neck Clams
Consomme Princesse
Sauterne (Spear N. J. Wine Co.)
Boiled Kennebec Salmon Hollandaise
Cucumbers
Apollinaris
Saddle of Spring Lamb, Mint Sauce
Potato Croquette
Fresh Asparagus
Burgundy (Spear N. J. Wine Co.)
Broiled Squab on Toast

Digitized by Google

Potatoes Julienne
Currant Jelly
Lettuce and Tomato Salad
Moet & Chandon
White Seal Champagne
Vintage 1900
Ices
Charlotte Russe
Cakes Fruit
Cheese
Toasted Crackers
Coffee
Cigars Cigarettes

Much credit is due to Dr. Charles Green Cumston, Chairman of the Committee of Arrangements, for the local success of the session and the splendid time at the banquet, although to the efficient Secretary-Treasurer, Dr. J. McDonald, Jr., of New York, must always be accorded unstinted praise for these matters and others connected with the growth of this now powerful organization, which now represents a joint circulation of approximately two and a half million copies every month.

The new officers are as follows:

Major James Evelyn Pilcher, editor Journal of Association of Military Surgeons, Carlisle, Pa., President.

Henry Waldo Coe, editor Medical Sentinel, Portland, Oregon, Retiring President.

Frank P. Foster, editor New York Medical Journal, New York, First Vice-President.

J. J. Taylor, editor Medical Council, Philadelphia, Pa., Second Vice-President.

J. McDonald, Jr., managing editor American Journal of Surgery, Secretary-Treasurer.

Trustees—Henry Waldo Coe, Portland, Oregon, Chairman; W. C. Abbott, American Journal Clinical Medicine, Chicago, Ill.

A Just Decision.—It is very gratifying to find that the Supreme Court of Idaho, in a recent decision in the case of Raaf vs. the State Board of Medical Examiners, has effectually exploded the theory that the courts, on appeal, could re-examine, mark and grade applicants for the right to practice medicine in the state. This ridiculous theory was advanced by the district judge before whom an appeal was taken from the state board. This particular judge held that he could examine the applicant in court, and proceeded to do so. His examination did not work out satisfactorily to the applicant it is true, but the medical men of the state were interested in finding out whether, in the opinion of the highest court, it was within the line of duty of the courts to usurp the functions of the State Board in this way. The Supreme Court goes over the ground very completely, and in language that is definite and certain, sustains the contention of the state board in every particular. If the board should fail to act when it is its duty to act, then the courts may be invoked to compel it to do its duty. But the court cannot, under the medical law of Idaho, be turned into a board for the examination of applicants for a license to practice medicine and surgery. This decision is far reaching, and thoroughly in line with the best thought of the profession, and the fraternity in Idaho are to be congratulated upon the position taken up by the highest court of the state.

Most Reliable.

I have used Cactina Pillets for ten years and can say that it is more to be relied upon than any heart remedy that I have used. It surely must be made from the drug gathered at the best time of the year, because the Cactus we buy on the market is not reliable.

S. L. STRICKLER, M. D.
Boggstown, Ind.

Digitized by Google

EDITORIAL STAFF

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

The Officers of The State Medical Societies of Oregon, Washington Idaho, Montana and Utah
(For Roster see adv page 10)

G. S. Armstrong, M. D., Spokane
C. S. Baldwin, M.D., Salt Lake City
Jno. A. Donovan. M.D., Butte
George M. Horton, M D., Seattle
Charles James, M.D., Tekoa
F. M. Shaw, M.D., Ashland
Ed. E. Maxey, M. D., Boise
Jessie M. McGavin, M.D., Portland
Alice M. Smith, M. D., Tacoma
W. Carlton Smith, M.D., Salem
W. O. Spencer, M.D., Huntington

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

AMERICAN MEDICAL ASSOCIATION

The American Medical Association is America's greatest scientific body, if it is not in fact the greatest scientific body in the world.

More than 12,000 doctors were in attendance at Boston, which was the largest session in the history of the organization.

The local committee deserve high praise for the work in planning for the meeting, and everything went off without hitch or friction.

No elaborate attempt was made to provide large free entertainments such as was done in Portland, the dozens of historic features of old Boston far outstripping artificial measures for pleasure otherwise to be provided.

Medical Food.—To attempt to go into the scientific work in a few pages would be foolishness itself. Suffice it to say more than four hundred papers in thirteen sections made up a vast quantity of scientific work out of proportion to the ability of anyone present to more than hastily scan.

The criticism which is growing that the Journal of the A. M. A. is publishing too much matter will again be in evidence when this matter is put into print. Something will have to be done to cut down the amount to be published, out of the papers presented, or the sections restricted to less papers than at present allowed, in order to meet a living criticism of importance against our Journal.

The House of Delegates.—The House of Delegates, the greater portion of which was made up of new members, is manifestly becoming more and more a working body for the Trustees, especially if the Trustees are all re-elected, as was done at the last meeting.

The personnel is high, but with frequent changes members scarcely begin to know of the plans and methods of the Association before their respective terms of office have expired. To serve in this body conscientiously means that the delegate is to lose scientific work, and few are found who will accept a re-election, and new men then take their places.

Digitized by Google

"The Message From Oregon."—The Message from Oregon, which the delegate from the Oregon State Medical Society was under obligation to present, was duly delivered.

The House of Delegates was strictly in sympathy with the management of the A. M. A., and we should feel under obligations to the House and the Trustees for the privilege of a hearing, and an extensive declaration of Oregon's protest, as well as criticism of arbitrary methods as to the Oregon situation.

The management of the A. M. A. is in the hands of Messrs. Billings, McCormack and Happel, with the aid of a few lesser luminaries, ready to second their efforts in every particular.

A Good Ring.—Every great and successful organization is managed by a few men, and the partisans of the A. M. A. management "point with pride" to what these men have done. They certainly demonstrate that the growth of the A. M. A. during the term of these men has been almost marvelous. It is insisted that the ring is "a good ring."

When the appeal was made upon the floor that the Association should send back to Oregon a return message of good will in the election of Dr. Andrew C. Smith, an Oregon doctor, to one of the principal offices of the Association, Dr. McCormack seconded the nomination of Dr. Smith, who was elected unanimously and enthusiastically.

So far as the Medical Sentinel is concerned, we believe the growl of Oregon has been graciously met by the powers-that-be and by the House of Delegates. If anyone else in Oregon, or elsewhere, has a grievance, the field for protest and fight is still open, but unless something new shall come up, so far as the Medical Sentinel is concerned, the incident is closed with us.

Dr. Andrew C. Smith a Vice-President.—The election of Dr. Smith to the Second Vice-Presidency is a worthy tribute to a worthy man.

Having had the same office last year in another Oregon physician, it was an act wholly unprecedented in the history of the A. M. A. that the same state and the same city should be thus again honored. The reputation which Dr. Smith made in Portland as Chairman of the Entertainment Committee of the A. M. A., in connection with the general reputation which he has everywhere as a good fellow and a scientific surgeon, made his nomination especially agreeable to the House of Delegates.

THE AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION

The oldest national medical organization is the American Medical Psychological Association, which opened its annual session for the sixty-second time at Boston, June 12th, continuing for four days. Fifty papers were read, and altogether the meeting was a great success. Dr. C. B. Burr, the President, and for many years its Secretary, deserves great praise for the many features of interest at the meeting.

The papers were as follows:

Annual Address—"Psychiatry and Experimental Psychology," Prof. Robert S. Woodworth, Columbia University.

Digitized by Google

"The Unity of Insanity," H. A. Tomlinson, M. D., St. Peter, Minn.

"Retrospective—Prospective," H. C. Eyman, M. D., Massillon, Ohio.

"Deterioration and Practical Psychiatry," John R. Knapp, M. D., New York City.

"What Shall We Do with the Drunkard?" Ezra B. Potter, M. D., Rochester, N. Y.

"Women Nurses on Men's Wards," C. P. Bancroft, M. D., Concord, N. H.

"The Male Nurse," George T. Tuttle, M. D., Waverly, Mass.

"Night Nurses for the Insane," C. R. Woodson, M. D., St. Joseph, Mo.

"The Training School in the Insane Hospital," Edward B. Lane, M D., Boston, Mass.

"Musings Concerning Nurses in Hospitals for the Insane," W. P. Crumpacker, M. D., Independence, Iowa.

"Colony System in New Hospitals for the Insane," George A. Smith, M. D., Central Islip, N. Y.

"Further Experience in Family Care of the Insane," Owen Copp, M. D. Boston, Mass.

"European Hospitals for the Insane," J. Clement Clark, M. D., Sykesville, Md.

"Some Suggestions for Construction of Small Psychopathic Hospitals, with a Sketch of Plans," Richard Dewey, M. D., Wauwatosa, Wis.

"An Institution Composite," Everett Flood, M. D., Palmer, Mass.

"Miscarriage of Habeas Corpus Proceedings," Samuel B. Lyon, M. D., White Plains, N. Y.

Illustrated Lecture—Biographic Representation of Various Phases of Epilepsy, Athetosis, Gait of Paretics, Etc., Walter G. Chase, M. D., Boston, Mass.; assisted by W. P. Spratling, M. D., Sonyea, N. Y.

"The History and Use of the Term Dementia," G. Alder Blumer, M. D., Providence, R. I.

"The Clinical Aspects of Paretic Dementia with Special Reference to Differential Diagnosis, Etc.," Irwin H. Neff, M. D., Pontiac, Mich.

"Primary, Secondary and Terminal Dementia," J. T. Searcy, M. D., Tuscaloosa, Ala.

"Experimetal Studies in Dementia," William McDonald, M. D., Providence, R. I.

"Prognosis and Treatment of Dementia," Chas. K. Clarke, M. D., Toronto, Ont.

"Is Dementia Praecox the 'New Peril' in Psychiatry?" J. T. W. Rowe, M. D., New York City.

"Precocious Insanity," Sanger Brown, M. D., Chicago, Ill.

"Maniacal Conditions in Young Adults," Chester L. Carlisle, M. D., Waverley, Mass.

"The Moral Imbecile," Walter E. Fernald, M. D., Waverley, Mass.

"Insanity and Suicide," Chas. W. Pilgrim, M. D., Poughkeepsie, N. Y.

"A Report of a Case of Feigned Insanity in a Murderer," David A. Shirres, M. D., Montreal, Que.

Digitized by Google

"Three Cases to Illustrate Mental Irresponsibility for Crime," Gershom H. Hill, M. D., Des Moines, Iowa.

"Some Problems in Psychiatry and Penology," Chas. A. Drew, M. D., State Farm, Mass.

Illustrated Lecture, "Idiocy, Hysteria and Palsy in Classic Pictorial Art," L. Pierce Clark, M. D., New York City.

"Paresis; a Contribution to its Bacteriology," F. W. Langdon, M. D., Cincinnati, Ohio.

"The Neurofibrils in General Paralysis of the Insane, with Similar Comparative Studies in Other Psychoses," S. C. Fuller, M. D., Westborough, Mass.

"The Similarity in Symptoms in Cases of Tumor of the Brain and General Paralysis," Henry C. Baldwin, M. D., Boston, Mass.

"Family Epilepsy," W. P. Spratling, M. D., Sonyea, N. Y.

"Status Epilepticus," M. L. Perry, M. D., Parsons, Kansas.

"Some Observations on the Medical Treatment of Insanity," Max E. Witte, M. D., Clarinda, Iowa.

"The Condition of the Heart in Dements," Edward French, M. D., Harding, Mass.

"Cerebral Arterio-Schlerosis," James B. Ayer, M. D., Boston, Mass.

"Mal-Assimilation as a Causative Factor," J. Frank Edgerly, M. D., Newtonville, Mass.

"The Care of the Tubercular Isane at the Kings Park State Hospital," John Irvine McKelway, M. D., Kings Park, N. Y.

"Clinical and Pathological Report of a Case of Addison's Disease, with Terminal Mental Symptoms," Harry W. Miller, M. D., Tauton, Mass.

"The Cerebellar-Vestibular Syndrome," Isador H. Coriat, M. D., Worcester, Mass.

"Hysterical Insanity—Report of a Case Presenting Ganser's Symptom Complex," Henry P. Frost, M. D., Buffalo, N. Y.

"The Polyneuritic Psychosis or Korsakoff's Disease, with Clinical and Pathological Reports of Two Cases," Chas. K. Mills, M. D., Philadelphia, Pa., and A. Reginald Allen, M. D., Philadelphia, Pa.

"The Opium Habit and Why Its Victims are Growing More Numerous," B. D. Evans, M. D., Morris Plains, N. J.

"Recent Methods in the Care and Treatment of the Insane," George B. Campbell, M. D., New York City.

"Contribution to the Study of the Heredo-Alcoholics," E. P. Chagnon, M. D., Montreal, Que.

"Curable Neurasthenic Senile Dementia," C. H. Hughes, M. D., St. Louis, Mo.

"Melancholia and Mania," Edward Cowles, M. D., Boston, Mass.

MEMORIAL NOTICES.

Dr. Emmet Cooper Dent, by Wm. Austin Macy, M. D.

Dr. Benjamin Blackford, by William F. Drewry, M. D.

Dr. Henry P. Stearns, by Shailer E. Lawton, M. D.

Dr. William M. Edwards, by C. B. Burr, M. D., and Herman Ostrander, M. D.

Dr. Charles H. Langdon, by Charles W. Pilgrim, M. D.

Digitized by Google

The officers of the late meeting were: C. B. Burr, M. D., President, Flint, Mich.; C. G. Hill, M. D., Vice-President, Baltimore, Md.; Chas. W. Pilgrim, M. D., Secretary and Treasurer, Poughkeepsie, N. Y.

Councillors—G. A. Smith, M. D., Central Islip, N. Y.; W. F. Beutler, M. D., Wauwatosa, Wis.; J. T. Searcy, M.D., Tuscaloosa, Ala.; N. H. Beemer, M. D., Toronto, Ont.; B. D. Evans, M. D., Morris Plains, N. J.; Ernest V. Scribner, M. D., Worcester, Miss.; C. R. Woodson, M. D., St. Joseph, Mo.; John S. Turner, M. D., Terrell, Tex.; Thomas J. Mitchell, M. D., Asylum, Miss.; Chas. G. Wagner, M. D., Binghamton, N. Y.; A. P. Busey, M. D., Pueblo, Colo.; M. L. Perry, M. D., Parsons, Kan.

Auditors—Arthur W. Hurd, M. D., Buffalo, N. Y.; W. H. Hancker, M. D., Farnhurst, Del.

Committee of Arrangements—George T. Tuttle, M. D., Chairman, Waverley, Mass.; Charles W. Page, M. D., Hathorne, Mass.; Charles A. Drew, M. D., State Farm, Mass.

THE COMMITTEE ON MISCELLANEOUS BUSINESS

"Uncle" Joe Cannon has his Committee on Rules and the A. M. A. management had its Committee on Miscellaneous Business. Dr. Harris, of New York, was its Chairman; the full committee is a dandy. Harris is a master of diplomacy and a past master of good nature.

After the Oregon Delegate had delivered his "Message from Oregon," a general defense in the name of Oregon medical colleges, Oregon medical examining boards and Oregon medical people, as well as plain criticisms on the management in general and the financial management, and organization methods in particular; and Victor C. Vaughn, of Ann Arbor, had made a vitriolic attack upon the editorial methods of the Journal, a motion was made and carried that the matter at issue between Dr. Coe and Dr. McCormack, and Professor Vaughn and Dr. Simmons should be referred for peace purposes to the Committee on Miscellaneous Business.

This committee, at the next session of the House of Delegates by the bland and genial Chairman, reported that "peace had been restored to the mutual satisfaction of all concerned." The whole matter was by resolution stricken from the minutes, although an agreement was made that the stenographic notes of the discussion would be furnished to Drs. Coe and Vaughn.

Special acknowledgment is here given President Mayo, in the extreme fairness with which he insisted that grievances should be given a hearing. He and Harris helped to make the peaceful solution of the unpleasant incident.

Digitized by Google

THE INCREASING MORTALITY FROM PNEUMONIA.

By CHAS. E. HILL, M. D.

Read before the Portland City and County Medical Society, May 2, 1906.

While pneumonia has long been considered a very serious disease, not until recent years has the graveness of its mortality attracted the special attention of the profession. That it is increasing in prevalence to an alarming extent has been well proven, and that it is communicable is now recognized.

Philadelphia's Health Board in 1904 placed it on the list of contagious diseases, and Dr. Edward F. Wells, of Chicago, in the same year says: "Pneumonia continues, in our country at least, the greatest medical problem of today, causing at present 8.1 per cent of all deaths."

Within our midst a disease so fatal that it sends to premature graves so large a per cent of the youth and manhood of our land, it increasing scourge.

The pneumococcus was first observed by Sternberg in 1880, and by him called the Micrococcus Pasteuri; further studied by Frankel, who calls it the "micrococcus of sputum septicémia." Telamon later gave it the name of Diplococcus Lanceolatus, and Welchsebaum, who first showed its relationship to croupous pneumonia, a few years later the "Diplococcus pneumonia," and later students have preferred the name pneumococcus, by which it is most generally spoken of today.

But even before the pneumococcus was first observed, the infectious nature of the disease was recognized, Jurgensen having in 1872 called attention to that fact.

It is interesting to note that between 1804 and 1813 the annual mortality per 1000 population of New York City from pneumonia was 1.3, which rose to 2.5 during the period from 1890 to 1900, and it must be remembered in quoting these figures that previous to 1819, when Laennec described pneumonia as a distinct disease, that pleurisy and pneumonia were considered as one, which probably would make a still lower percentage of deaths from pneumonia during the earlier years of the last century than given in the figures above.

In Chicago during the last half century the percentage rose from 0.5 to 1.5 per 1000 population, quoting from Dr. Wells' paper in the Journal of the A. M. A.

Dr. Pleasants, of Baltimore, states that in that city the deaths from peumonia per 100,000 population have increased from 35.5 in 1850 to 206.9 in 1903.

Digitized by Google

I have been unable to obtain statistics for Portland, except for the past two years, which are as follows:

In the year 1904 in Portland there were 1351 deaths from all causes. Tuberculosis caused 147 deaths that year. Diseases of the respiratory system, excluding tuberculosis, caused 126, of which pneumonia caused 85, giving approximately in percentage 10.8 per cent from tuberculosis, 9.3 per cent from diseases of the respiratory system, excluding tuberculosis, and 6.3 per cent from pneumonia; 67 per cent of all diseases of the respiratory system, excluding tuberculosis, was due to pneumonia.

In the year 1905 in Portland there were 1439 deaths from all causes, of which tuberculosis caused 142; diseases of the respiratory system, excluding tuberculosis, 139, of which pneumonia caused 100, giving approximately in percentage 9.8 per cent of all deaths from tuberculosis, 9.6 from disease of the respiratory system, excluding tuberculosis, and 6.9 per cent from pneumonia. Pneumonia was the cause of 78 per cent of all deaths of the respiratory system, excluding tuberculosis.

Two years is a very short time to gather reliable statistics, and I do not attempt to state that the higher percentage of deaths in 1905 over 1904 is in any way due to an increasing prevalence or fatality, but the high percentage of deaths during both years is a matter of great interest, and I may state, truly alarming.

I know of no way to ascertain the percentage of mortality of the disease in Portland as regards the number of cases of the disease, as no record is kept of the number of cases occurring, but it would be very interesting to observe.

Osler states that hospital statistics show a mortality of from 20 to 40 per cent, being more fatal in southern climates, giving as an example 20.4 per cent in the Montreal General Hospital, as against 28.01 per cent in the charity hospital of New Orleans.

Pneumonia is more prevalent during the winter and spring months, with the latter most prominent. The high winds and changeable temperature is probably the cause of the greater prevalence during these seasons, rather than any increased virulence of the disease. Auders states that the velocity of the wind and pneumonia seem to stand to each other as cause and effect. Others attribute the increase to diminished ventilation during the rigid weather, doors and windows being closed, and people living a great many of the 24 hours in hot, illy-ventilated rooms.

When we hear from careful observers that the pneumococcus can be demonstrated in the saliva of 20 per cent of all the healthy population, it seems not at all unreasonable that this death-producing germ can be communicated from individual to individual in a very short time when sanitary conditions are poor.

It has been observed in all members of a family, or of all tenants of an unsanitary rooming house.

In moist sputum the pneumococcus is active for a period of several days if shielded from direct light, but as such sputum does not allow

Digitized by Google

the pneumococcus to escape, it is not communicated to other individuals except attendants or direct visitors.

Its greatest danger is where the sputum is allowed to dry in dark recesses, or in rooms where the light is poor, and become powdered and swept by mechanical means through the air, finding lodging on the mucous membrane of anyone so unfortunate as to inhale it.

Another source of danger lies in the fact that the pneumococcus can be demonstrated in the saliva for several years of a person who has had pneumonia, being not only a constant menace to the individual himself, but a source of infection to others.

Among the predisposing causes of pneumonia measles and influenza, especially the latter, stand out prominently, as probably more cases of pneumonia follow these two diseases than any other two or three.

I suppose by producing a catarrhal or inflammatory condition of the air passages, that seems to increase the virulence of the pneumococcus, which is then inhaled or carried to the lungs by means of the blood vessels, the latter being the exception.

The continued use of alcohol is probably a very prominent predisposing cause, and surely as we can all testify to, is a very serious factor when it comes to making up our mortality statistics. By its habitual use to excess there is a lessened resistance of the body as a whole, and of certain organs in particular, of which I think the lungs suffer as much as any other on account of their extremely fine cellular textures. Another cause that more than likely contributes to the rapid spread of pneumococci is the large and increasing immigration which is continually flocking to our shores from the poverty and squalor of the thickly populated centers of the old world.

A brief summary of the subject, as I have endeavored to present it, would say that pneumonia was caused by the pneumococcus, which can be found in the saliva of a large per cent of individuals in general, with preference to those with unsanitary environments; that the virulence of this pneumococcus is increased by changeable weather and other causes that produce a catarrhal condition of the mucous membrane of the air passages, and that when a certain degree of virulence is reached, by inspiration, or much more rarely through the blood channel, it or they reach the lungs and produce the type of inflammation to which has been given the name pneumonia. Further, that from certain causes the disease is increasing.

Having stated the causes, or at least some of the causes, as we see them, which induce an increase of the disease, we will not refer to means that, if carried out, would, we think, reduce to a certain extent its prevalence. Probably the first and best means to advocate in the prevention of pneumonia would be to get it where it properly belongs, on the contagious list of your health board, where every case would be reported and treated as an infectious disease.

This would at first meet with opposition, and it cannot be left to politicians, for they are influenced too much by popular clamor, but

Digitized by Google

must be advanced and carried through upon the shoulders of the profession.

Again, every case should be isolated, and the laity taught the contagiousness of the disease. All sputum should be destroyed by burning, as in tuberculosis, and after the case is well, the room should be thoroughly disinfected.

The mouth and throat of the patient should have care after recovery. Antiseptic gargles and sprays should be used to rid the buccal and nasal secretions of the pneumococci as soon as possible.

Whenever it is possible to do so, frequent examinations of the saliva with the microscope should be made in order to study the different antiseptics used, with reference to the quickest method of ridding the buccal mucous membrane of the pneumococci. With the busy practitioner this is almost, if not practically impossible, but where one has an assistant or a bright student in his officce, who is well up in bacteriology, it could be done with a great deal of interest to ourselves and to the profession.

We should be, one and all, teachers of hygiene in our home, preachers of God's pure fresh air in abundance, not only during an attack of pneumonia, but all the time, both in the hovel and in the mansion.

Outdoor sports and exercises should be encouraged or even ordered for our patients whose health we are expected to oversee and protect. An interesting study along this line was made some time ago by Prof. Frost, of the University of Wisconsin, who examined the throats of a great many persons of different occupations, and invariably found that the outdoor occupations showed the least pneumococci in the mouth and throat, giving as an illustration five outdoor carpenters who showed none, while five draftsmen were all found to have them in the saliva.

It is only by energetic means that we can hope to overcome the increasing mortality from the disease we are discussing tonight, and it rests with the profession to do it. Will we?

The Nasal Accessory Sinuses.

E. Mayer, New York (Journal A. M. A., May 19), gives a resume of the progress in the knowledge and treatment of the diseases of the nasal accessory sinuses, much of which is, as he shows, of comparatively recent acquisition. The pathologic conditions are described with their diagnosis and treatment. Among the etiologic factors he mentions galvano-cautery operations, the use of probes and canulas and the misuse of the nasal douche. The prognosis in these conditions must be given with caution; there may be later developments, such as neuritis, and at best it will take weeks or months for a perfect cure. He does not favor office operations for ethmoiditis and an antrum disease, with suspicion of sphenoidal involvement, but puts the patient in a hospital as an extra precaution. Other conditions than the ordinary acute and chronic affections are tumors, malignant and otherwise, foreign bodies, mucocele, polypi and caries. An instructive case of the latter as regards diagnosis is reported.

Digitized by Google

REPRODUCTION OF BONE AFTER OPERATION FOR NECROSIS.

By W. J. MAY, M. D., LL. B.
Baker City, Or.

Read before the Oregon State Medical Association, May 16, 1906.

The extent to which the reproduction of bone will proceed after operation for necrosis, whether the necrotic process be of pathological or traumatic origin, has been variously stated by different writers; their success varying according to their conception of the conditions necessary for reproduction and the skill manifested in each individual case.

Simple fractures have generally been expected to repair by the production and hardening of the provision callus, while, on the contrary, portions of bone removed surgically have not been expected to reproduce, as evidenced by the numerous substitutes that have been devised to fill up cavities made by operations.

McGee reports the finding of a Peruvian skull that had been trephined and the opening successfully closed by a silver plate, which operation antedates the discovery of America. Others have used transplanted bone, bone powder, decalcified bone, celluloid, gold, silver, cement, lead, plaster paris, gutta percha, copper amalgam, paraffine, and other substances in filling up the various defects in bone.

Ekehorn has been very successful in his technique of lining the cavity in the bone with Thiersch's skin flaps, but this plan merely closes over the cavity without filling the excavation and is used only to heal cavities that heal with difficulty.

Osteo plastic transplantations, nourished by a pedicle, have been reported by Koenig, Jordan and Nelaton, which operation has been repeated many times by others.

A. Schulten has made repairs upon the femur by transplantation, using only the periosteum as a basis for reproduction of bone. Bones of the metacarpus have been split, leaving one-half in situ and carrying the other half to supply a deficiency in another metacarpal bone.

Defects in the trachea have been repaired by sections cut in the sternum and clavicle, as indicated by Schimmelbusch and Koenig.

Bones from lower animals have been transplanted into the human body, with successful results, as shown by Dubar. The transplantations have been made direct and also by being sterilized by boiling, with equal results.

Lane used a rabbit's femur transplantation to make good a congenital defect in the middle of the ulna of a child, splitting the femur

Digitized by Google

and binding the two halves with splints, one to either side of the ulna.

Kronacher inserted a piece of calf's bone, sterilized by boiling, to make good a defect in the phalanx of the forefinger.

Ricord filled up the cavity in the skull by transplanting the coccyx of a dog.

Bramann cut a piece from the tibia of a patient, and used it to splice a defective humerus in the same individual.

Klapp removed the greater portion of the humerus of a woman, thirty years of age, having a sarcoma, including in the removal the periosteum as well, and filled in the defect by a long piece of bone chiseled from the tibia in the same patient, and transplanting it, the periosteum in the transplanted piece being left in position.

Schede has proposed, and used successfully, blood clots to fill up the cavities where bone has been removed, depending upon the blood clot to organize and fill in the space.

Senn suggested and used decalcified bone, which was thoroughly sterilized, and from which he obtained good results, the portion transplanted being subsequently absorbed and the cavity filled with new material.

Barth and David provoked an interesting discussion as to what ultimately became of the transplanted bone chips. The former claiming, as a result of numerous histological examinations of specimens obtained from animals and man, that a transplanted bone fragment always dies, and is succeeded by new formed bone; while David claims that at least a part of the transplanted bone does not lose its vitality, but, after a period of activity, it becomes revascularized and lives again as truly as before its transplantation.

Morpurgo and Martini introduced plates of bone freed from organic substances, into pouches made into connective tissue. There usually followed a growth of the living tissues into the calcic substance exactly producing the bony structure. This was regarded as a new bone formation developed from connective tissue.

Zworykin has also caused ossification in the heads of rabbits by the introduction of a chemical mixture of lime salts simulating the mixture found in normal bone.

While many of these experiments have been successful, the failures are so largely in the majority that the results so far are very unsatisfactory, particularly in efforts at reproducing considerable portions of the long bones.

In January, 1903, Mosetig reported a method which he had used during the previous three years in over one hundred cases of caries and necrosis by which the defects in bone were filled in with a composition consisting of iodoform 60.0; spermaceti and oleum sesami 40.0; heated slowly to 100 degrees C. in a flask on a water bath; kept at this temperature for fifteen minutes; then removed and allowed to cool and solidify while shaking constantly. Before using it is melted and heated to 50 degrees C. in a thermostat. After the cavity has been cleansed of all diseased tissue, it is washed out thoroughly with one per cent solution of formaline dried with swabs and a hot air cur-

Digitized by Google

rent and filled with the melted mixture. The periosteum and skin are then sutured without drainage and the dressing applied. Further details of the technique can be found at page 703 of Bergman's Surgery. He cites one hundred and fifty cases successfully treated, but I find no mention of the number of failures.

This method has been tried in America by many eminent surgeons with varying success. The chief difficulty in obtaining a satisfactory result being, first, the problem of obtaining a cavity free from sepsis. Second, the difficulty of making the wound perfectly dry, which is a requisite to the introduction of the filling. Another objection to this method is the attempt to introduce and leave in the tissues a substance foreign to the normal constituents of the human body. While it is true that this has been successfully done in very many cases, the tendency in modern surgery is opposed to leaving anything in the tissue that could in any way act as a foreign body.

The foregoing facts are cited, from among many others, that have occurred along the same line merely to show that almost the entire efforts of the profession have been directed in an effort on the part of surgeons to do that which nature apparently has left undone. In face of the fact that the history of the practice of medicine and surgery goes to show that success, when attained at all, has always been attained by aiding the natural law to do the things required to be done to accomplish a given result, and that all the failures in the practice of medicine and surgery have invariably resulted when the surgeon attempted to do things on his own part unaided, or slightly aided, by natural laws. It might well be asked if nature possesses the power, or, to put it differently, if it comes within the province of natural law for the cavity between the ends of a fractured bone to be filled up with plastic material which subsequently organizes and ossifies, making a complete repair, why cannot the same result be obtained where portions of bone are artificially removed and what are the conditions necessary to obtain such a result?

Selecting a typical fracture in the shaft of a long bone where we confidently expect a complete union where the ends have been properly approximated, we find that the periosteum, after a union is complete, completely covers the field of the injury; and, since it is a well settled fact that the bone is nourished chiefly by the periostial covering, and that the plastic lymph for repair is produced by the periosteum itself, and medullary structures, the question arises why does not the cartilage resulting from organized lymph always ossify and fill up the cavity in the bone following operations where the periosteum has been carefully preserved?

There seems to be but one answer to this question: namely, that the *tension pressure* and *motion* has not been properly applied incident to the normal function of the bone. In the repair of long bones, even where the ends of the bone are not closely approximated by a considerable interval, the intervening space will be filled up with a provisional callus, which subsequently organizes into a cartilaginous formation. The size of this formation may or may not fill the original space occu-

Digitized by Google

pied by the bone. After the process of healing is completed, the wound properly closed and the cartilaginous formation is in position, if the limb is so splinted as to partially restore its function, the cartilaginous filling takes on an increased growth, increases in size and ultimately ossifies, making the repair complete. If no effort is made to restore the limb to its function artificially, the cartilaginous filling will remain unossified and the repair will be uncompleted. The *tension* in these cases is supplied by muscular action and the natural weight of the limb. The *motion* and *pressure* resulting from a partial restoration of its function.

Kramer says: "That the portion of the callus which is not situated in the direction of the load-bearing lines becomes absorbed, and the form of the new bone, just as that of the old, becomes changed to meet the static demands made upon it by the function of the bone; that is, that of bearing a load."

This, we think, is a correct statement of the case so far as it goes, but every bone that forms the basis of muscular attachment is also subjected to tension as well as pressure and the former plays as important a part in ossification as does the latter.

Landois physiology, 1905, page 989, says: "The form into which the bone develops depends also upon external influence. They develop the more readily the greater the activity of the muscle attached to them. In overcoming pressure, normally applied to a bone, it yields in the direction of least resistance and becomes thicker in this direction. The bone grows more slowly further upon the side of the greater external pressure, and it bends in the presence of one-sided pressure."

On page 176, Volume 2, of J. B. Murphy's Surgery, is the following statement: "We have about concluded that the term ununited fractures is a myth, and will gradually fade away before the increasing knowledge of this condition. Nonunion is almost invariably due to the interposition of the soft tissues or to the imperfect apposition of the fragments."

In 1889 the writer had his first experience with a so-called ununited fracture of the tibia, the union being cartilaginous and about as flexible as an ordinary piece of India rubber. The limb was promptly splinted and the patient induced to walk upon it, with the result that in about three months ossification was completed and the limb completely restored to its function. This plan has been pursued in many cases since, always with the same result, showing conclusively that tension, pressure and motion are the essential conditions for ossification.

In 1900 I had occasion to remove three inches from the middle third of the femur from a patient whose right limb was three inches longer than the left, occasioned by a white swelling in the left hip joint. The operation was undertaken for the purpose of making the two limbs of the same length. After removing three inches in the middle portion, necrosis was set up in the femur in both the proximal and distal portions, which necessitated the removal of an inch and a half from the extremities of both bones next to the field of the operation. It will be readily admitted that up to this time the results of

Digitized by Google

this undertaking were not very flattering, since the good limb was now three inches shorter than the bad one. Believing, as I have believed for many years, that the amount of bone removed made no difference as to the power of nature to reproduce, the two fragments of the femur in this case were wired with a silver wire and the ends left separated by an intervening space of three inches. The wound was kept open to insure cleanliness and to allow it to granulate from within. The cartilage formation appeared between the ends of the bone after the wound had completely healed and was considerably less in size than the bone itself. The limb was put up in a laced metallic splint and the patient made to walk upon it. The results were enlargement of the cartilaginous formation, complete ossification, and a good result obtained from the limb the same length as the other. It should be noted in this particular that the periosteum was removed with the first three inches of bone taken out.

In 1904 I had occasion to remove about 80 per cent of the tibia in a lady aged 38, having removed all of the shaft except a narrow portion at the back part of the tibia about the size of a lead pencil, and this portion, not long after the operation, was broken by the patient, who had the misfortune to fall downstairs. This bone promptly reproduced and but for the scar noticeable on the skin, it would be hardly possible to tell this limb from the other. There was no plugging or artificial filling whatever used.

Last year I removed the lower half of the tibia in a man 37 years of age on account of a mine accident, where the lower end of the tibia had been crushed between two huge stones in a mine, in such a manner that the lower end of the tibia was badly splintered and comminuted, some of the fragments sticking out through the skin. This bone promptly reproduced without any plugging or filling whatever, and in six months from the date of the operation the patient was walking upon it. The limb is now as good as it ever was.

In a case of necrosis of the tibia in a woman 45 years of age, that involved the entire bone, I have recently removed all of the tibia from the cartilage of the knee joint to the cartilage of the ankle joint, and the bone reproduced from the knee to the ankle. There was no filling used in this case

In all cases of the removal of bone the most important factor connected with the operation is the preservation of the periosteum without injury. This cannot be done by using the common periosteotomes now on the market, since to scrape the periosteum from a roughened surface, such as a bone naturally presents, with a sharp edge of the periosteotome, will result in almost its complete destruction. The periosteum should be slitted with a keen-bladed knife, the edges gently separated with a fine, mouse-tooth forceps until the fingers can be slipped beneath the periosteum, after which the dissection should be made with the finger tip, using no instrument whatever, except to slit the periosteum along the line of the incision. For the same reasons, the tissues should not be pulled away from the periosteum or its relation with the superimposed tissues disturbed.

Digitized by Google

If this plan is followed a drainage tube can be inserted in the cavity of the periosteum and the wound sutured through and through, including the periosteum and skin, and as soon as asepsis is assured, the tube removed and the wound allowed to heal. In this way healing is certainly as rapid as in any case where a bone filling is used.

My experience in this line has been limited to about thirty cases, with uniformly the same results, from which it is only fair to conclude that an entire bone can be restored in about the same length of time and with the same facility that a small portion of it could be reproduced.

That the important conditions in reproduction are, *preservation of the periosteum,* followed by enough restoration of function to insure the requisite *pressure, tension* and limited *motion.*

The Etiology of Eczema.

James C. McGuire does not believe that gout, rheumatism, and many other of the diseases referred to as factors predisposing to eczema, have anything whatever to do, either with causing the disease, or in influencing it in any way after it has been established, only so far as any "rundown condition" of the general system makes the cuticle less resistant to irritation. As to heredity, although no child was ever born with eczema, many have a vulnerable skin, and may later develop the disease under favorable circumstances. The concensus of opinion holds that the disease is neither contagious nor autoinoculable. However, the parasitic theory is growing, even in the minds of those who formerly opposed it. It cannot be denied that some individuals have an idiosyncrasy, a susceptibility of the cuticle to develop different forms of inflammation, varying according to the nature of the irritant. Want of cleanliness alone will not cause any form of inflammation upon a normal skin. As a rule, water is poisonous to an eczematous skin and should be avoided as much as possible during a period of acute inflammation. Soap makes the cuticle more sensitive, by thinning the outer layer and depriving it of its natural oiliness. The writer declares that in his opinion, some time in the near future the term eczema will be limited to that form of cutaneous disease that is caused by some specific parasite acting upon a vulnerable skin. He then cites a case, the only one which he can recall in which the tendency to the disease appeared to be distinctly transmitted to the offspring. Two cases of so-called "reflex eczema" are then described. In one of these cases the prepuce was very long and the writer advised circumcision. The child was entirely relieved soon after the operation had been performed. The history of several patients suffering from typical neurotic eczema is given. McGuire finds that in private practice children under the age of six, affected with eczema are particularly robust, strong, and healthy. Improper food in the majority of these cases is the only cause of this disease which he has been able to find. In public practice these patients are usually weak, anemic, and "strumous." The reason for this difference between the two classes does not seem to be known.—Medical Record.

Digitized by Google

THE PHYSICIAN'S DUTIES.

By DONALD CAMPBELL, M. D.
Butte, Mont.

President's Address before the Montana Medical Society, May 10, 1906.

I thank you most heartily for the honor of presiding over this, the twenty-eighth annual meeting of this society. The honor is the more appreciated, as it was entirely unexpected and unsought. I also desire to express my thanks to my associates in office for their active interest and hearty co-operation in the welfare of the association. While we have not realized the full measure of our possibilities and expectations, yet our labors have met with some degree of success. We have now ten county medical societies, besides the Northwestern Medical Society, the Yellowstone Valley Medical Society and the Tri-County Medical Society, making a total membership of about 180 for our state. This number compares very favorably with any of the states in the Union. The sum total of membership of the component county and constituent state associations today is more than 45,000. An organization of this number of the leaders of the medical profession is capable of exercising a tremendous influence for good, both to the profession and to society at large.

The possibilities of organized medical activity and effort along such lines as medical education, improvement of the personnel of the profession, both in scientific and business lines, are only beginning to dawn on the minds of the most advanced members of the profession, and yet I predict that before we are many years older the voice of the organized medical profession will be heard in the legislative halls of our state and nation.

The present plan of organization was adopted in 1901, and a comparison of present conditions in any part of the country with those of four years ago will show that a most welcome improvement from a membership standpoint has occurred. But what about our business methods? This, in my judgment, is of vital importance to us who have in the past and do now demand a reasonable compensation.

It is my purpose in this brief address to call your attention to a few points which are of interest to us as professional brothers, working for a common cause, the welfare of our patients and the honor of our profession. The majority of humankind understand and reward faithful, honest service. To be really useful, professional skill and personal integrity must go hand in hand. If half the energy that is put in in hammering each other were devoted to educational work and better business methods, most of our quarrels would soon be forgotten and we would all be better doctors.

Digitized by Google

There are so many "niggers" in our wood pile that in passing we should consider a few of them. An evil that has crept into our ranks in the past few years and has grown to such proportions that it should receive your serious consideration is the lodge contract practice. This evil has attracted the attention of many societies throughout the western states, and a number of them have adopted resolutions condemning lodge practice. Several county societies passed resolutions that no member be permitted to enter into contract relations with such societies and that no physicians in the employ of such societies be eligible to membership in the county medical society, and, furthermore, that no member of said society be permitted to consult with any physician following such contract practice.

I trust you will give this your earnest consideration at this meeting and formulate some definite plans as to your future conduct regarding this evil. It is not my purpose to reflect in any manner on the professional standing or honor of the members of this society who are employed in this work. I merely wish to present to you a few remarks in the hope that we may all see our way clear to eradicate the various evils that tend to create dissension and misunderstanding where harmony and good fellowship should prevail.

By the members of no profession are eleemosynary services more liberally dispensed than ours. But justice requires that some limits should be placed on their performance, and I believe these questions are better dealt with in the beginning than later. If we can ever become a united profession and meet each other frequently and become acquainted and get to know each other we would soon be able to substitute co-operation for antagonism and, above all, we should maintain the standard of our profession so that we can unhesitatingly demand reasonable compensation for our services.

I would suggest that every member of this society should make it a practice to begin his night work not later than 8 P. M. and let it be known to the public that calls after 8 P. M. are regular night calls and charges for the same are more than day visits. In this age of unions, trusts and organizations I see no reason why we should work overtime without extra compensation. Eight A. M. to 8 P. M. should constitute the doctor's day; any calls in the other 12 hours should be considered as night calls.

Now come the life insurance companies of our country (after stealing everything they could lay their hands on) with a proposition that in order to economize and give the policy holders cheap insurance, the medical examiner must be paid in proportion to the amount of insurance applied for, and if the physician does not wish to accept the company's terms, the company comes back at you and says it is compelled to find some one that will, which means that pretty soon they will have their own agents making their examinations. Anything to save a few dollars so that the officers may have larger surpluses to get away with to devote to bribery and corruption.

The insurance commission in New York has shown that the poor policy holder is the very last person thought of by the officers who juggle the money. He thinks he is buying life insurance, but he is

Digitized by Google

really participating in a beautiful philanthropic enterprise, mainly for the benefit of the president and the other high officials and their families. Pay $2 more to the physician who makes the examination? never!

We should not let this matter drop, but hold out more firmly than ever for a minimum fee of $5, and we will surely win in the end. When we hear of any of our friends who intend taking out life insurance, we should go to them and explain the danger of taking out a policy in a company that is so reckless as to accept cheap examinations, which are really an actual danger, and urge them to place their insurance with companies that pay a minimum examination fee of $5.

Your attention is also called at this time to the good work done by the American Medical Association in establishing the council on pharmacy and chemistry. The association, through this council, is making a heroic and much-needed war of defense of the decency and dignity of American medicine, by exposing the nature of many much lauded preparations, and recommending physicians to refrain from prescribing these remedies, and from subscribing for or contributing to any medical publication under the control of nostrum manufactories. The profession is also indebted to the Ladies' Home Journal, Collier's Weekly and other publications in their educational campaign in exposing the subserviency of the press to the Proprietary Association of America, and the methods of this organization in exploiting remedies. The good work done by the council on pharmacy and chemistry, and the aid given by the above-named publications is beginning to bear fruit. The United States Government has recently forced those who retail certain alcoholic nostrums largely used for liquor, to take out a liquor dealer's license.

This society should go on record at this time by passing resolutions indorsing this work. If the members of our profession would withhold subscriptions and articles from journals that devote page after page to nostrum advertisements, and confine their patronage to those journals with perfectly clean advertising columns, their influence might be decisive.

In conclusion, let me urge upon you the necessity of continued activity in our county societies. Bear in mind that every county society is a medical index and insures to a greater or lesser degree the standing of each member. But no medical society is a success unless its officers are determined to do their part of the work. They should see to it that some form of entertainment is furnished at each meeting, and when it is not possible to have a paper, some member should be able to give a clinical report of a case, or do something to call out a discussion. It is activity, interest and competition that makes any organization a success. If you think the county or state medical association is conducted for the benefit of a few, get into line and be one of the pushers. Petty jealousies have no place and no rewards in medical societies. Medical men should come together for their own good, and utilize every opportunity in such a way as to make them of practical value in the daily life work of every one who takes upon himself the responsibility of treating human ills.

Digitized by Google

THE CHARACTER OF THE RECENT TYPHOID EPIDEMIC IN EUGENE.

By W. L. CHESHIRE, M. D.

Read before the Oregon State Medical Association. May 15, 1906.

The recent typhoid epidemic at Eugene was perhaps one of the most interesting as well as severe epidemics that ever occurred in the history of the town. In any degree of responsibility that may have fallen on the citizens of the community, I think there should ever be felt a feeling of laxity of duty and responsibility on the part of the medical as well as the official arm of the community.

Sometimes epidemics creep in unawares within the confines of the most stringent quarantine and sanitary conditions. But I fear in this instance the usual and predominant struggle of life has been manifest.

There is so much to be said about typhoid fever and its various phases that a long discussion of it in its entirety is out of the question. So some particular feature is about the only solution of an introductory paper. At the same time I would suggest a most liberal and free discussion of it in the broadest sense possible.

In the first place, I assume that all present are familiar with the general characteristics of the fever, and I have little hope of presenting any important light on the subject.

For a year previous to this epidemic there were occasional cases of typhoid fever attaching suspicion to the water supply of the city. These cases were usually mild, and perhaps for this reason no great alarm was made.

In the early fall of 1905 several cases were brought to the hospitals from logging camps from the headwaters of the Willamette and McKenzie rivers, as well as some cases being reported as originating in the city limits. A little later in the fall several cases began to develop in the families of some of the most sanitary homes of the town, where only city water was being used. And soon after the first of the year a sudden epidemic broke out which soon developed into such magnitude for a time the whole town seemed at the mercy of the malady. Doctors were urged to the limit, and no time was had for experimental diagnosis. In most cases the epidemic not only found new victims rapidly, but developed rapidly in individual cases. Out of over three hundred cases and twenty deaths during the last year I have selected as a basis for this paper two hundred and fifty cases of recent date. These cases were taken without any individual selection, but merely to lessen the work of investigation, and I think they represent about

Digitized by Google

as varied and severe type as is liable to occur in the mild climate of our Willamette Valley, with its soft water supply.

One hundred and fifty of these cases were females and one hundred males, twenty-eight were thirty-five years of age and over, forty-five were twenty-five years of age and over and under thirty-five years, one hundred and fifteen were thirteen years of age and over and under twenty-five years, while sixty-three were under thirteen years of age. In the grouping of these cases we may get some idea of the susceptibility or immunity of the individual. There may be two reasons why such a large per cent were females. One is, that they may have been more susceptible, and another, that they were more constant users of the water from certain water mains.

The variations of the disease are to be expected, as well as the variations in the susceptibility of the individual, but in this epidemic the variations were due to a greater or less extent to an apparent mixed infection, wherein a similarity extended through a large proportion of cases, yet it being irregular and varied in its action or symptoms. The range of the temperature was, perhaps, one of the most interesting features of most all of the cases. And to do justice to a thorough description and to give a detail clinical idea of it would require more than all the time allotted to this paper.

Out of the 250 cases there were few under three weeks duration and more over sixty days duration. That is, more than two weeks' time of fever. Some of the cases ran a high temperature for two weeks, accompanied with delirium and rapidly subsiding in less than three weeks. Some continued with a fever for over sixty days with exacerbation, but in almost every case all other symptoms were present and severe, others having relapses with the usual other severe symptoms. Of the fever, ninety-eight subsided in twenty-five days or less. Eighty-six ran over twenty-five days and less than thirty-five days, sixteen ran over forty-five days and less than sixty days, while eight had more or less fever for over sixty days. There were eleven relapses and quite as many or more hemorrhage of the bowels. There were more lingering fever cases with exacerbations than real typical relapses. A few pneumatic complications were found, and from this condition six deaths were reported.

A very few cases with severe hemorrhage of the bowels were reported, with perhaps two deaths; and one of these, and the only case, with perforation.

The symptoms of this particular epidemic were in no way to be wondered at, but simply having perhaps some interesting features aside from the general course of the fever. There seemed to be a general characteristic present in the onset and for about two weeks following this. The fever would come on gradually, malaise, no outward intestinal disturbance, and having every indication of a mild condition, when in two or three days the temperature would reach 104 or 6. Frequent stools, tympanites, gastric and intestinal pain, delirium, involuntary evacuations, marked bronchial disturbance, and presenting a most severe toxic condition. This condition lasting from four or five to ten days or two weeks, and then the temperature would rapidly fall. The

Digitized by Google

irritable and nervous condition would entirely subside, and in two or three days the patient would change from an irritable, nervous and complaining being to a dull, listless and uncomplaining and entirely oblivious condition. Now the case would run along on a level in this manner for a time, perhaps, and the symptoms would gradually subside or the conditions would become worse again and take the same upward course as before; only the patient would be weaker and no symptom would be quite so marked except the temperature which, in some cases, seemed to find fuel for weeks.

For an example of this severe type: A young lady, eighteen years of age, came under my observation February 11th. Nothing important noted, except a very typical, but mild case of typhoid fever. On the morning of February 21st the temperature was 104, ranging to 105½ in the evening, with all the severe toxic conditions described above; the symptoms gradually became more severe for a period of eight days. Aphasia, or rather a more ephemic condition, developed, and she was almost entirely oblivious to her surroundings. This manner of symptoms, with exception of a slight improvement, lasted until March 8th, when a severe hemorrhage of the bowels occurred, and with other severe symptoms that made her case seem most discouraging. Yet she withstood this ordeal, and in another week every symptom seemed much improved and she gave every appearance of a favorable recovery. But on March 16th a profuse hemorrhage of the lungs occurred and she died the following day. While this seems a most severe and virulent type, and is, perhaps, the only such case that developed in the epidemic, it has the appearance of being an exaggerated form of many much milder and similar cases, while in the other extreme a similar case of a girl of sixteen years was found on March 13th with temperature 103, severe headache, heavily furred tongue, quite a stupor and in every particular presented a severe toxic condition. The following day the temperature was up to 105, and the day following to 106, but rapidly subsided to 101½ in five days, and ran a mild course for eighteen days, after which there was no fever and the convalescence progressed in the usual manner.

In both of these cases there was rapid absorption and development of the poison. In the one there seemed to be no resisting power or antitoxic element, while in the other these conditions seemed to fully meet the emergency. These are two extremes, but the illustration somewhat represents the character of the fever in the majority of cases.

Treatment.—In the manner of treatment there was perhaps no great diversion from the usual course, and yet some deviation and practical application was made in many instances. The use of drugs was not closely adhered to except in some particular instances; and even to combat a great many aggravating symptoms, the use of more simple means were resorted to. High fever, severe headache, gastric pain, tympanites and many other of the common conditions were met and relief obtained with the simple application of hot and cold water, also the internal administration of hot water. In the management of the fever all cases were managed by the application of water, this often being modified in temperature to suit the comfort of the patients. Even

Digitized by Google

hot applications were resorted to in some instances and found to be more advantageous than cold water. Some cases were reported where cold water aggravated the fever. The sponge bath and the pack, with its various degrees of temperature, was a constant comfort and benefit to the patient, however, and was never laid aside. In the beginning of a fever case, seldom any intestinal trouble was manifest, but often after the intestinal laxative, violent and most severe intestinal symptoms developed. The management of this condition varied with the practitioner. Some resorted to intestinal antiseptics, such as calomel, the triple sulpho. carb., salol, bismuth, guaiacol carb., etc., ichthyol in combination with bismuth, salol, made into tablet capsule form. A condition at the outset of the disease of chilling, sweating was quite common, and lead many of the physicians to believe that this condition was caused by mixed infection of malaria, consequently quinine was resorted to in a great many cases. And also in the last stages of the disease a prolonged and lingering condition of mild fever was very noticeable or quite common, and for this condition quinine was often resorted to. However, I have my doubts about the propriety of this treatment. For myself, I treated this condition as a remaining focus of some lesion, which took time to repair, and I treated it accordingly. In some instances of a lingering fever patients were treated as convalescent, and marked and continual improvement progressed, yet the fever persisted until the patient had the appearance of advanced convalescence. The asthenic condition was perhaps not so prominent a feature as in most epidemics, because the feeding of patients was apparently more liberal than is usually directed in most text-books.

It is a great advantage to the doctor to have several patients at the same time of the same sickness, especially of this nature, for he soon sees that they need to be handled a little different, especially in the matter of feeding. In all the cases, with the exception of one or two, there was not much emaciation and convalescence rapidly progressed. A fluid diet was used, of course, but it was given liberally and as rapidly as the patient could take it. Semi-solid food was well taken in some instances, even before the fever subsided. It is an established fact that some semi-solid foods contain less residue than some fluids, and after the tongue cleans off and hunger returns, even though the temperature may still be above normal, there is a better fecal carrying product from the semi-solid than from the meat broths.

Meat broths leave a small residue, but it is often hard and lumpy when large quantities are taken, while the semi-solid food leaves a soft and demulcified substance. Most all patients received as varied diet as possible. Even in the matter of fluids this change is made, not alone to satisfy the whims of the patient, but for systemic advantage.

Digitized by Google

Medical Societies

Oregon State Medical Association.

(Concluded from last month.)

"Reproduction of Bone After Operations for Necrosis," W. J. May, Baker City.

(This paper is published in another part of this issue of the Medical Sentinel.)

Discussion.

Dr. W. F. Amos, of Portland, said that he had had but limited experience in bone surgery, and in that had simply followed the directions of the authorities. He had tried in one case to use decalcified bone chips of Senn and had found they had largely gone out of use. The element of success lies in a thorough and complete operation, and when such is done the results are good. One bad result might be due to injury or obliteration of the nutrient artery. The wound should be kept open by tight packing and irrigated by 1 to 5000 silver nitrate solution.

Dr. May, in closing, said he agreed as to the need of a thorough operation, and was in the habit of going beyond the limits of the disease, and removing all suspicious tissue. There is no danger in wide operation, if one preserves the periosteum and blood supply intact. It is better to take one and one-half inches of good bone than to leave in one-sixteenth of an inch of diseased bone.

Miscellaneous.

The President read a letter requesting that the Society adopt resolutions requesting Speaker Cannon to permit the Army Bill to come up for consideration. On motion, the Secretary was instructed to send a telegram to Speaker Cannon, asking him to grant this request, and also to present letters to Oregon representatives in Congress, telling them of this action and asking their co-operation to pass the bill.

Dr. Andrew C. Smith then suggested that we could all get busy to better humanity in making an effort to establish three open-air sanatoriums in Oregon. He said it is the duty of the state to take a hand in the support of these sanatoria. He moved that each member of this society interview his representative in an effort to secure state aid.

"The Use and Limitation of Law in Controlling the Social Evil," G. S. Peterkin, Seattle.

Dr. Peterkin said he had not been able to give this subject the amount of attention it deserved. The object of the paper was to discuss how much could be done to control the social evil and make for human happiness, bringing the law to its aid without disrepute to it. He spoke of some of the difficulties to be met with, and of the human laws to be contended with. Things must be seen and spoken of not as we would like them but as they are. Prostitution was defined as the practice of offering the body for indiscriminate sexual congress. Every individual possesses the right to offer his body as he sees fit, provided he does not infringe on the rights of others, or exploit his wickedness. Prostitution is limited to but one species of animal—man—and this is due to the fact of his greater intellectual development. The faculties of free will and reason must be directed into new channels if we would control this evil. There are two heads of classification of effects—one that prostitutes cease to be producers; second, that disease is disseminated. To deal with these two results con-

Digitized by Google

stitutes the limit to which the law may go in dealing with this subject. To go beyond is to infringe on individual rights. Individual efforts must be limited to educational effort, which, after all, is the real factor in prevention.

Public prostitution is a business, and as such may be controlled by law, but only to the extent of protecting the state and its citizens from danger and contamination. He compared this control to the control of the making of gunpowder, which is a business that can be controlled by the location of the plant because of the danger. These same facts apply to prostitution. No law can be enforced unless the majority of mankind to whom it applies are submissive. All laws governing prostitution must apply to both sexes. The detrimental results of the occupation must be considered with the means of preventing the spread of venereal diseases.

He then detailed the means of individual protection, and intimated that the state owes a duty in caring for the victims of venereal diseases. Pamphlets on sexual hygiene were to be utilized to teach prostitutes how to care for themselves. High-grade prostitutes must be prohibited from displaying their magnificent clothes, etc., to prevent their influence in enticing the young into this horriole occupation.

Discussion.

Dr. A. E. McKay being absent, Dr. G. S. Whiteside opened the discussion by saying there are one or two things in which he differed from the speaker. Man is not the only animal who indulges in illicit intercourse; monkeys, dogs and cats do so. Legal methods abroad have not diminished prostitution, but have lessened venereal disease. Methods of examination are defective, because any skilled prostitute can cover up the signs of the disease. Education does not prevent illicit intercourse, as evidenced by the fact that in European hospitals many of the nurses have been prostituted by the doctors of those hospitals. If young women could know of the dreadful life of prostitutes, they would shun their abodes like a pestilence. In one local house recently two of the inmates had made attempts at suicide. Much can be done to limit the spread of the disease.

Dr. Harry McKay, of Portland, said he believed the love of dress was the cause of prostitution. The prostitute can sit in a theater next to respectable women. His remedy would be to make prostitutes have a number to be worn at all times. He thinks this would stop the evil.

Dr. J. Allen Gilbert, of Portland, said: "It has been said 80 per cent of the men are guilty of irregular sexual life; let them wear the badge also. It is a disgrace to men that 80 per cent are untrue to their wives and to themselves. It is difficult, if not impossible, to convict a man of producing a miscarriage, because most of the people want it done. The same is rtue of prostitution." He attacked vigorously the stand that man needed this as a business, and felt that a great wrong was being done humanity by this attitude.

Dr. Belt said that he believed the question brought up is one of the greatest importance. Every diseased person is a menace to the public. Educational propoganda are to be commended as a means of combating the social evil. He believed we would do well to form an anti-venereal disease society.

Dr. R. C. Yenney, of Portland, said that the matter of prostitution is one that goes back unlimitedly. We have

Digitized by Google

an evil that is inevitable. and we must recognize it and deal with it as such, limiting it by every means possible.

Dr. C. Quevli, Tacoma, thinks we cannot limit or put a stop to prostitution except as we limit the degeneracy that produces it. He advocated regulation of our marriage laws to prevent the propagation of degeneracy. Women should be treated so as to be protected financially as well as man. The woman prostitute is the sex analogue of the thief and hold-up man. He discussed the causes and considered they lay in the original polygamous nature of man.

Dr. E. F. Tucker, Portland, does not know how these things can be done away with by any law. The sex law and function is a deep-rooted physiologic one. Early marriages are a means of preventing irregular sexual life, and do not begin to compare in the production of unhappiness, with that due to late marriages with the danger of venereal infection. The education of women is all wrong in this respect. Women should be taught the nature of sexual life, and made to understand it in their early life.

Dr. A. C. Smith said sexual intercourse is not necessary for the preservation of health in the male. It is a developed function, as witness the stallion who, if untaught to serve in the stud grows to greater perfection, and is more useful than the gelding. The teaching that intercourse is necessary for the male is pernicious and one of the main causes of prostitution.

Dr. J. Allen Gilbert believes that sex laws should be taught in the high school; more are infected by ignorance than vice.

Dr. Wm. Campbell, Portland, thinks all have overlooked the point that legislation can do much for the prevention of prostitution, quoting as an analogy the effects of law in tuberculosis and other diseases. Thinks every patient with venereal disease should be reported and put in a hospital.

Dr. E. B. Pickel, of Medford, thinks the constitution of the individual has much to do with the production of prostitution. If the mothers and fathers had less confidence in their children, and watched them more closely, less of this evil would result. Parents are negligent and children in play are allowed to be taught evil, which later results in their downfall.

Dr. E. F. Tucker said he believed that the fear of many wives of having children was the cause of many men having unnatural relations, which, because they were offensive, often drove men away from home to seek gratification elsewhere.

Dr. Peterkin in closing said the discussion had largely overlooked the points of his paper. Marking of women—the red badge—had failed in Rome and Greece and would fail here. The point of the paper was to prevent disease, not to teach the morals of the subject. We have a right to teach the prostitute how to conduct her business so that she will do it well, and not interfere with the rights and privileges of others. By doing this, we would limit the evils, preserve the prostitutes, and lessen the recruiting of the ranks from the young women.

"Gall Stones," E. B. McDaniel, Baker City.

Discussion.

Dr. J. A. Pettit thinks the question of gall stones and of the gall bladder is making analogous strides with appendicitis. Owing to the lateness of the hour, he begged to be excused from further discussion.

Digitized by Google

"The Cause of Disease and How to Prevent Them," H. M. Shaw, Ashland.

Dr. Shaw said the causes of disease came under three main heads. First, ignorance of the laws of health; second, inability to comply with health laws because of poverty; third, pure cussedness. Education may be used to combat ignorance. Were the public aware of the great good that can be done by well educated medical men, much of the money now spent in patent medicines would go into experimental laboratories. He spoke of the good that had been done in preventing smallpox. Medical schools should obtain state aid; the public should be enlightened on medical subjects; proper literature should be distributed to the public and to the schools. Venereal disease is doing vast harm, and the family physician should instruct the parents and these the children as to sex life and functions. Poverty and disease are daily companions and go hand in hand. The poor should be helped out of their poverty. Pure cussedness is to be seen in those who wilfully neglect the rules of health. Physicians often set bad examples. The legislators must be approached to prevent opposition to the rules of health. Send many doctors to the legislature, and they will do much for the health and welfare of their constituents.

Owing to the lateness of the hour, there was no discussion on this paper. The meeting adjourned to the Commercial Club, to become the guests of the Portland City and County Medical Society at dinner.

Dr. Mayo's Address.

Following are some of the most pertinent remarks of Dr. Mayo, the President of the A. M. A., at Boston:

He urged unity as a means to achievement; in this connection he said: "The present organization of the American Medical Association is but a beginning; we must further the interests of this body unselfishly, not for ourselves alone, but that we may better fulfill our sacred obligations to mankind. The people must be educated up to a point where they can understand the broad humanitarianism of modern medicine. Society appreciates the saving of a sick person's life by the skilled physician, but fails to see the priceless gifts to the human race made by preventive medicine and sanitary science. It views everything in detail and misses the perspective. We have failed to secure the support of the masses of the people to much needed sanitary reforms, because we have appealed to them as one individual to another without the weight of an authoritative organization."

He also urged the education of the masses in the matter of infectious diseases, especially emphasizing tuberculosis. He held that there is no reason why a man who has become infected with typhoid from a city's neglect should not sue for damages as he would for personal injuries sustained from falling through a defective sidewalk. Unavoidable sickness is bad enough, but when we stop to consider that the life of the individual is worth $5000 to the state, and that those who recover do so under great disability and expense, the continuance of unsanitary conditions is criminal. The experience of Vienna, which was converted from a typhoid center to one of freedom from such outbreaks by bringing in a pure water supply, has now been repeated over and over again in every civilized land. Yet hundreds of deaths from this preventable source yearly attest that the lesson has not yet been learned.

Digitized by Google

In the matter of governmental interference and control, in the presence of contagious disease, he said: "One of the few misfortunes of the individual freedom afforded by a republican form of government is that it enables the most ignorant man, through prejudice, to interfere with and delay needed legislation, with the result that by the time the law can be passed the immediate object to be obtained has often disappeared. In Germany compulsory vaccination has practically caused smallpox to disappear from the army and country, a person properly protected being immune. In the state of Minnesota inability to enforce vaccination in the late smallpox epidemic permitted, from a few sources, 27,876 persons to become infected with this disorder; all due to a small but voeiferous band of anti-vaccination agitators.

"Contagious disease in any place is not a matter of local or state interest alone, as the ease and freedom of transportation render local control impracticable and properly place it in the hands of the general government. The keenness with which the American people are watching the affairs of Panama argues well for the future. The communication of Dr. Charles A. L. Reed awakened public interest. His portrayal of red tape and obstruction to sanitation in the canal zone has resulted in obtaining for that most able army medical officer, Colonel Gorgas, power to carry out the necessary reforms and has made the canal zone the most sanitary place in Latin America.

"The army and navy medical departments have worked intelligently against overwhelming odds. Their individual members have international reputations honestly achieved. Their schools for the special training of their men are in the highest degree efficient and deserving of every praise; but the departments have been so small as to be unable to act even as nuclei about which in time of war competent forces could be gathered and the militia of our country enter into conflict fearfully handicapped. The indications, however, are that these matters will now be rectified, and if so it will guarantee to the patriotic American that should he again be called on to serve his country his enemies will be in front and he will not be destroyed by his own side through neglect of sanitary laws."

Contract practice, fee division, commission giving, lodge practice and other evils were mentioned in condemnation. He urged the broadening of medical education that our schools may constantly graduate stronger men, and further, that graduates may not leave college to at once embark as specialists. "Graduation from a college, he said, is merely a commencement of a life study of medicine. Therefore, young men without special training under competent teachers should not be encouraged in wanton assaults on major surgical diseases unless justified by necessity. The future will demand schools for advanced training for those who desire to do special work. In the practice of medicine the student days are never over. There is so much to be learned that a long and industrious life leaves one with the feeling that he is but a beginner. The most important habit a young physician can form is the "daily study habit." Let him put in even one hour a day with the reading of journals and books of reference and much can be accomplished. He should keep an account of the time, and if something interferes for a day he should charge himself up with it. The practitioner must make frequent trips away for the purpose of observation. In no other

Digitized by Google

way can he avoid the rut of self-satisfied content, which checks advancement and limits usefulness. No amount of diligence as a student can take the place of personal contact with men in the same line of work."

Dr. McCormack and the Profession of Oregon.

We heartily approve of the work conducted by the American Medical Association, during the past few years, through its representative, Dr. McCormack, by which the county and state societies have been strengthened and united. From observation of his work in Washington, as well as reports presented in journals from all parts of the land, it is apparent he has exerted an influence for good in the profession at large that has not been paralleled in previous history of medicine of our country.

To err is human. To acknowledge one's errors and make suitable amends seems sometimes beyond human nature. The history of Dr. McCormack's difficulties with the profession of Oregon discloses a serious error of judgment on his part at the outset, which was not later admitted in the presence of reliable proof of its existence. His sweeping condemnation of the profession of the state, published some six months ago and clinched editorially by the Journal of the A. M. A., appears to have resulted from evidence secured without adequate investigation as to its accuracy. When a denial was presented that such a state of discord and strife existed as was charged, signed by physicians of Portland, whose professional standing and authority are established not only in Oregon but throughout the land, this was held as of apparently little value and the charges were reiterated, on the testimony of a few scattered individuals. Neither the denials of the strictures on the examining board nor the evidence that the arraignment of the medical schools was unjust have been accepted as reliable or true.

Dr. McCormack seems to have been misled and misinformed at the outset and has insisted that his judgment was correct, in spite of the facts to the contrary, accepted by other observers.

Our sympathy is with the Oregon profession. We believe they have been misjudged and misrepresented. A spirit of courtesy and fairmindedness should impell both Dr. McCormack and the Journal of the A. M. A., who equally spread abroad the calumny on our fair neighbor, to present a suitable explanation and refutation of the exaggerated charges.

At the same time we lend no support to the hysterical attacks on the national organizer that have found expression in some journals. It would be passing strange were there justification for the innuendos against him of ulterior motives in his work. We believe in his sincerity and trust he may continue his labors in the line of what he has done in the past. The future efficiency and strength of the profession as a body will be found along the lines in which he has worked for several years.—Northwest Medicine.

In hydrocele the base of the tumor is below, in spermatocele it is usually above. A milky fluid obtained by aspiration usually speaks for spermatocele.—American Journal of Surgery.

Digitized by Google

Book Reviews

The Autotoxicoses; Their Theory, Pathology and Treatment. By Heinrich Stern, Ph. M., M. D., New York, Professor of Special Medical Pathology and Therapy in the College of Physicians and Surgeons, Boston; Director of the Institute for Medical Diagnosis and Research in the City of New York, Physician-in-Chief, Philanthropic Hospital in the City of New York; Pediatrist and Pathologist Misericordia Hospital and the Hartsdale Infirmary; Consulting Physician Metropolitan and Red Cross Hospitals; Chairman Section on Pharmacology American Medical Association; Permanent Member Medical Society, State of New York; Fellow of the New York Academy of Medicine, etc., etc. 12mo. 222 pages. Price, $1.00, postpaid. Chicago: G. P. Engelhard & Company, 1906.

The author seeks to define the status of the autotoxicoses, and to arrive at an understanding of the entire question involved. Physico-electric toxicity is discussed somewhat at length. A system of therapeutics evolved from toxicological principles and clinical experience comprises the second part of the monograph. A glossary at the end of the book will be of help to the reader.

Perjury for Pay, an Expose of the Methods and Criminal Cunning of the Modern Malingerer. By Willis P. King, M. D., Ex-Assistant Chief Surgeon of the Missouri Pacific Railway System. The Burton Company, Publishers, Kansas City, Mo., 1906. Price $2.

The author has had considerable experience in the particular field concerning which he writes, and he has collected a number of incidents which tend to prove very conclusively the fact that some travelers are ready at any time to swear to anything if thereby they can make a corporation give up its money in a damage suit. Dr. King has a faculty of telling his story in good language, and in such a way as to prove interesting to the reader.

Nursing in the Acute Infectious Fevers. By George P. Paul, M. D., Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, New York. 12mo of 200 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, price $1.00, net.

This book is divided into three parts. The first treats of fevers in general; the second of each fever individually; the third deals with practical procedures and information necessary to the proper management of the various diseases discussed, such as antitoxins, bacteria, urine examination, poisons and their antidotes, enemata, topical applications, antiseptics, weights and measures, etc.

The nursing profession will find in this little volume much that is highly practical. The subject matter is written for the nurse, and not the medical man. Thus the treatment of disease by means of drugs, and the physical signs are but little discussed, as these are of more importance to the medical attendant than to the nurse. This is a most valuable work, and the medical man will feel safer if it is in the hands of every nurse who is caring for his fever patients.

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Fellow of the American

Digitized by Google

Gynecologic Society; Professor of Gynecology in the Medico-Chirurgical College of Philadelphia. Second edition, revised. Octavo of 1079 pages, with 1046 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50, net; half morocco, $7.50, net.

The fact that two editions of Dr. Ashton's new work have been required in the short period of six months indicates beyond a doubt that the medical profession was quick to appreciate the practical merits of the book; indicates that the general practitioner wants a treatise on gynecology that describes in detail, not only what should be done in every case and emergency, but also precisely how to do it. Because of the short time that has elapsed since the appearance of the first edition, and also on account of the thorough manner in which Dr. Ashton handled his subject originally, the changes in this edition are necessarily few in number and limited chiefly to the correction of a few typographic errors and the alteration of several of the illustrations. There are 1046 of the most practical illustrations, all original line drawings made especially under Dr. Ashton's personal supervision, from actual apparatus, living models, dissections on the cadaver, and from the operative technics of other authors. All superfluous anatomic surroundings are eliminated and the operations and procedures are detailed step by step with a clearness and accurcy we have never before seen.

A Text-Book of Materia Medica, Therapeutics, and Pharmacology. By George F. Butler, Ph. G., M. D., Associate Professor of Therapeutics in the College of Physicians and Surgeons, Chicago. Fifth edition, thoroughly revised by Smith Ely Jelliffe, M. D., Ph. D., Professor of Pharmacognosy and Instructor in Materia Medica and Therapeutics in Columbia University (College of Physicians and Surgeons), New York. Octavo of 694 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.00, net; half morocco, $5.00, net.

For this fifth edition Dr. Butler's text-book has been entirely remodeled, rewritten, and reset, bringing it in accord with the new (1905) Pharmacopeia. All obsolete matter has been eliminated, and special attention has been given to the toxicologic and therapeutic effects of the newer compounds. The arrangement of the book has been so changed that those drugs the predominant action of which is on one system of organs of the body are grouped together, thus suggesting their therapeutic as well as their pharmacologic, alliances. We believe this classification to be more thoroughly practical and useful than any other. By use of a more compact type the work has been reduced in size.

The Operating Room and the Patient. By Russell S. Fowler, M. D., Surgeon to the German Hospital, Brooklyn, N. Y. Octavo of 172 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.00, net.

This admirable work is written by a surgeon of rich clinical experience, for the use of surgeons, nurses assisting at an operation, and hospital internes. It clearly describes the preparation of material of all kinds, indicates the instruments required for the various operations, details the preparation and care of the patient before and after operation, and the methods of anesthetization, describes and illus-

Digitized by Google

trates the position for different operations, and contains much other information a knowledge of which is necessary to produce the highest efficiency. It is a most excellent and valuable work for practical use, and the operating surgeon will find it of additional value as it furnishes him a guide to which he may readily add his own variations of technic.

A Reference Handbook of the Diseases of Children. For Students and Practitioners. By Prof. Ferdinand Fruhwald, of Vienna. Edited, with additions, by Thompson S. Westcott, M. D., Associate Professor of Diseases of Children in the University of Pennsylvania. Octavo volume of 553 pages, with 176 illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.50, net; half morocco, $5.50, net.

The author of this work embarked on his task because he felt a lack of a compact manual dealing with the subject on which he had devoted many years of study. He lays special stress on symptomatology; discusses prophylactic, therapeutic and dietetic procedures in connection with each disease. Valuable illustrations are introduced of the rarer conditions which have been made from photographs, sketches from nature or diagrammatic drawings, and these illustrations, which are quite numerous, add much to the practical value of the work. This compendium is not intended to take the place of a text-book; it is rather intended to prepare and stimulate the student for the study of text-books and to serve as a convenient clinical guide. The translator has followed faithfully the original text, only such changes having been made as were necessary for greater clearness of expression, or for the differences in practice pursued in this country. Wherever these changes or additions have departed from the spirit of the original text, they have been indicated by bracketing as editorial notes. With a view to making it of special service as a practical reference book, the individual diseases have been arranged alphabetically, with numerous cross-references. This is a novel feature of untold value to the busy practitioner who wishes information quickly.

The Practical Medicine Series, comprising ten volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate School. Vol. III. The Eye, Ear, Nose and Throat, edited by Casey A. Wood, C. M., M. D., D. C. L.; Albert H. Andrews, M. D., and Gustavus P. Head, M. D. Series 1906. Chicago: The Year-Book Publishers. Price, $1.50; the series of 10 books, $10.

A large part of this book is devoted to papers on ocular symptoms in general diseases. This is well, as the interests of the general practitioner should receive particular attention in a work intended to form an integral part of a treatise on general medicine and surgery. Many therapeutic agents, especially radio-active remedies, have been described and their employment discussed at some length. The reader may be assured that in this book he secures the latest and best information on the subjects treated.

The Eye and Nervous System, Their Diagnostic Relations. By various authors. Edited by Wm. Campbell Posey, A. B., M. D.; Professor of Ophthalmology in the Philadelphia Polyclinic; Surgeon to the Wills

Digitized by Google

Eye Hospital; and Wm. G. Spiller, M. D.; Professor of Neuropathology and Associate Professor of Neurology in the University of Pennsylvania, etc. Ilustrated. Philadelphia and London: J. B. Lippincott Co.

This work of nearly a thousand pages is an attractive one, both to the general practitioner and the specialist. It is the first book in the English language with which we are acquainted, that covers the ground where the two specialties of the ophthalmologist and the neurologist meet. Several German works and one French work have appeared which include much that may be found in these pages, but even in these languages no work has appeared which is as complete as the one before us. The editors have sought to present under a single cover the phases of ophthalmology and neurology which are in any way connected with each other, hoping thereby not only to facilitate the labors of those practising these specialties, but also to present ophthalmo-neurology in such a form that the general practitioner may without difficulty become conversant with its symptomatology. The general practitioner will find this volume of value, in view of the fact that many general morbid processes are announced by some minute change in the nervous system; and such unusual opportunities of studying alterations in the vascular system are presented in the eye, that the value of a clear understanding of disease of these structures cannot be overestimated, and the necessity for proper training in the methods which lead to its recognition cannot be too strongly insisted upon. A number of distinguished American ophthalmologists and neurologists act as collaborators, so that the volume consists of a series of monographs by authors peculiarly well fitted by previous study and investigation to treat authoritatively of the subjects assigned to them.

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by P. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamimi, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion is one of felicitation, not only to the authors but to American medicine generally, inasmuch as the work was chosen as bein especially adapted to clinical teaching in Italy. Few American books have attained such honor. Its success abroad is but a repetition of the favor which it enjoys here.

Bubonic Plague.

A. Strauch, Chicago (Journal A. M. A., May 19), gives an interesting account of a trip on a plague-infested ship from Trieste to Brazil, by way of Alexandria, at which place the ship became infected. The connection of the ship rats with the outbreak was very evident, as well as the effectiveness of the measures taken to prevent its spread. Every precaution was taken to prevent contact with the infected vermin, and only when the apparent immunity had made the men careless did new cases appear. He mentions other similar ship infections and points out that experience teaches the necessity of thorough systematic extermination of rats in ships, docks and warehouses, and thorough disinfection of cargoes as a measure of international quarantine.

Digitized by Google

Extracts

A Case of Anthrax—Probably Due to Inoculation—Without a Visible Initial Lesion.

J. D. Jones describes the case of a farmer, forty years of age, who skinned a cow that had died of an illness lasting one day, but declared by a veterinary surgeon not to have been anthrax. One week later an inflammatory process started on the palmar surface of the left forearm. The infection proceeded rapidly and anthrax bacilli were found in the blood and in serum from the bullae that had formed. In spite of free incisions and antiseptic treatment, the patient died in delirium on the fifth day. The author says that there is no question that the inoculation took place in the left forearm, and yet the patient was very positive that there was no pimple, or vesicle, or redness of the skin to indicate the point of entrance of the virus. As the first swelling did not appear until a week after the date of the exposure, it does not seem probable that the bacilli could have entered his lymphatics or blood vessels at that time, but probably were on the skin and gained entrance to the culation later, through scratching the arm possibly.—Medical Record.

The Bier Treatment if Hyperemia.

Max Breuer traces the theoretical considerations which led Bier to develop his principle of treatment by hyperemia which is now applied to a very large number of affections. While there are many ways of producing hyperemia, the two chiefly employed by Bier consist in the use of hot-air apparatus, which causes the so-called active or arterial hyperemia, and the rubber bandage and suction cup which produce so-called passive hyperemia or blood stasis. Among the effects produced by the hyperemia are the relief of pain, bactericidal action, resorption, the property of dissolving blood coagula, exudates in joints and tendons, keloids, and so on. In general, affections based on bacterial invasion are better treated by passive, non-bacterial affections by active hyperemia. Tuberculosis, especially of the joints, is best treated by passive hyperemia, the hot-air treatment being undoubtedly injurious in these cases. The author gives a review of the tuberculous cases treated in this way in Bier's clinic in Bonn during sixteen months. It is stated that in a long series of not selected cases the wrist showed a cure in 88 per cent., the elbow in 72 per cent., and the foot in 61.5 per cent. The application of the treatment to acute inflammatory conditions is also discussed and illustrated by cases from the author's own practice, including tonsilitis, otitis media, and tuberculous orchitis. Other affections suitable for treatment by hyperemia are septic wounds, lymphangitis, fractures, arthritis, either simple gonorrheal or suppurative, hemarthrosis, neuralgia, neuritis, varicose veins, etc.—Medical Record.

The Etiology, Prognosis, and Treatment of General Paresis.

Joseph Collins illustrates his paper by observations made on fifty private and fifty hospital cases of general paresis. The disease is due to syphilization and civilization, and it is with the first of these that physicians have

Digitized by Google

to do. Important factors in the prophylaxis are the education of young men to premarital continence, and the thorough treatment of syphilis when it occurs. If general paresis can be detected in what Dana has called the preparetic stage, there is a chance of arresting it. The type of the disease that is least influenced by any kind of treatment is that form that begins insidiously, in which there is no symptom that stands out conspicuously to attract attention, and in which he patient often keeps to his occupation until a comparatively advanced stage of the disease; and the prognosis is worse in the young. The author details the encouraging results he has obtained in apparently arresting the disease in three cases of general paresis by intensive mercurialization, but he states that this plan has a chance of success only if the diagnosis is made very early. He therefore urges that general practitioners endeavor to make the diagnosis early. To this effect the diagnosis of neurasthenia should never be made by the general practitioner until after a routine physical examination has been made of the patient. Such examinations will be productive of good in two directions; in the first place the diagnosis of neurasthenia will be made much less often, and in the second place general paresis will occasionally be recognized in its incipiency. The slightest manifestation of loss of the pupillary light phenomenon, premonitional display of labial and facial tremor, unattributable lingual tremor, disorder of the tendon phenomenon, particularly of the lower extremities, occurring in a patient who has some one, any, or all of the symptoms of neurasthenia, should be immediately put in the category of suspected cases of general paresis, and if the suspicion is a strong one, should also be put upon vigorous antisyphilitic treatment.—Medical Record.

R. N. Wilson, Philadelphia (Journal A. M. A., May 19), reports a case of fatal nephritis following the steady administration of 84 consecutive 1 grain doses of calomel in 14 days, the result of the misinterpretation of an order for a single dose. This was unsuspected, as the routine urinalysis seemed to show the kidneys doing their full duty, and the only suspicious symptom in the case (pericarditis) was the sudden occurrence of stomatitis. He deduces two important points from the case: 1. That the routine giving of mercurial laxatives prior to a careful urinalysis may cause a fatality, even though the mildest mercurial salt be employed. 2. That an existing nephritis should contraindicate any but the most cautious use of mercury, even if the renal disease have syphilis as its cause. He quotes from the literature a number of cases showing the dangers, and insists, in the light of these facts, that frequent examinations of both patient and urine are essential for the safe use of mercury.

Homatropin.

Two cases of unusual effect of homatropin are reported by J. W. Sherer, Kansas City, Mo. (Journal A. M. A., May 19), mydriasis and cycloplegia lasting in one case eight days and in the other 15. In neither case was there any complication. He remarks that these cases are of interest on account of the embarrassment to the physician, who ordinarily expects only a disablement of his patient for one or two days from this mydriatic, and usually tells the patient to expect only that amount of inconvenience.

Digitized by Google

The Medical Law in Idaho.

The Supreme Court of Idaho holds, in the case of Raaf vs. State Board of Medical Examiners, that, under the act approved March 3, 1899, known as the "State Medical Law," the State Board of Medical Examiners, in the examination of applicants for a license to practice medicine and surgery, is required to exercise judgment and discretion in granting or refusing licenses to such applicants, and in so doing exercises quasi judicial functions. The state medical law contains no provision granting the right of appeal from the action of the Board of Examiners in refusing a license to an applicant, but by the terms of section 9 of the act it is provided that the action of the board in refusing to grant a license under the provisions thereof may be reviewed by the district court on certiorari, as it is called, provided proceedings therefor are instituted within ten days after notice of such refusal. By conferring the right to have the action of the board in refusing to grant a license reviewed, as provided in section 9 of the act, the legislature has indicated an intention to limit and confine the authority and jurisdiction of the courts in considering the action of the board to the procedure and scope of investigation and inquiry usually and ordinarily pursued and exercised by the courts in the issuance and consideration of writs of review. The legislature has provided for a board of experts learned in medicine and surgery for the purpose of examining applicants for license to practice within the state, and the language of the medical act and the purposes and objects thereof preclude any inference that the legislature ever intended that a disappointed applicant might apply to the court and there have his answers re-examined, marked, graded and passed on as to their correctness by the court. The courts are open to compel action by the State Board of Medical Examiners when they fail or refuse to act, and to review their authority where they have assumed to exercise powers not conferred; but the courts will not review and re-examine matters in which the board is called on to exercise judgment and discretion, and perform quasi judicial functions in reference thereto.

The legislature, the court says, had in view the protection of the health of the people of the state, and, as a means to effect that end, determined that all persons thereafter intending to enter the practice of medicine and surgery should be examined as to their fitness, learning and qualifications by a board of experts learned in the science and art of that particular profession. Is it at all probable that the legislature ever intended that a disappointed applicant might apply to the court and there have his answers re-examined and passed on by one unlearned, perhaps, in a single one of the branches of this science? Courts are neither required nor expected to be experts in therapeutics, gynecology, toxicology, diagnosis, etc., and for them to undertake to examine and grade physicians on such branches would be an unwarranted assumption of jurisdiction. The layman, wandering among the puzzling mazes of materia medica and the speculative bewilderments of pathology, might with equal assurance and conscientiousness grade an applicant who had correctly answered all the questions at 10 per cent., and one who had correctly answered none at 100 per cent. As to the plaintiff's contention that, since he had introduced in evidence what he claimed were correct text-book answers to the questions, the court could have a standard

Digitized by Google

by which to examine and grade the answers, the court says that this would hold good so long as the answers of the applicant might be in the same language as the answers which were shown to be correct, but the moment the applicant's answer branched out into different language, and his own mode of expression, a court, not proficient in the science of a profession characterized by abundant technical language and phraseology, would encounter perplexities and difficulties unnumbered.

Again, the court says that there are not set, fixed or inviolable rules by which such a board must determine whether a question has been answered correctly or incorrectly. Knowledge must be brought to bear and judgment must be exercised. The science of medicine is not such an exact and immutable science but that those who are eminent and learned in the profession often differ in a diagnosis, or as to what would be an absolutely correct answer to a given question. It is a progressive science. This is one of the chief considerations for requiring such examinations to be conducted by those who are proficient and learned in the profession. If the board should fail to act when it is its duty to act, the courts are open to enforce action. If it acts without jurisdiction, the courts are open to inquire into and review the authority they have assumed to exercise. The court can not, however, under the medical law of Idaho, be converted into a board for the examination of applicants for a license to practice medicine and surgery. Questions of bias or prejudice existing in the mind of any member of the board against an applicant or of incompetency of a member, or of errors and mistakes of judgment or unfairness in marking and grading an applicant's papers are matters that may be properly addressed to the executive authority from which they receive their appointment, who may take such action thereon as the best interests of the public demand.

Physicians and Proprietary Remedies.

G. B. Kuykendall, Pomeroy, Wash. (Journal A. M. A., June 30), condemns physicians who permit their names to be used by manufacturers of proprietary drugs, and believes that the profession generally has allowed the drug vendors to do their thinking for them altogether too much. It is not the rank and file that is altogether to blame, he says, there are many so-called medical journals that devote their advertising columns and even their pages to the interests of nostrum makers. While the manufacturers have done much to advance "elegant pharmacy," they have so manipulated many useful drugs that their elegance far outruns their usefulness. Some, too, of the houses we have been considering as reliable, have been guilty of slips into unethical practices, and he gives several rather pointed instances of this. He pleads for independent study in our prescribing and less dependence on the proprietary medicine makers.

J. H. Haberlin, Pawtucket, R. I. (Journal A. M. A., June 30), reports the case of a child, aged 2, dying in convulsions, in which the apparently symmetrically enlarged brain weighed 1712 grams (53⅓ ounces). The membranes were not adherent, there was no flattening of the convolutions, no disproportionate increase in the size of the ventricles and the gray and white matters were developed proportionately. Clinically, the case could not be differentiated from hydrocephalus.

Digitized by Google

Personal

Oregon.

Dr. H. I. Keeney, of Portland, was in Eugene last month.

Dr. Alfred Kinney, of Astoria, was in Medford last month.

Dr. J. D. Shaw, of Salem, was a June visitor in Portland.

Dr. J. C. Booth, of Lebanon was in Albany during the month.

Dr. W. C. Hawk, of Jefferson, was a recent visitor in Albany.

Dr. W. G. Cole, of Pendleton, was in Walla Walla last month.

Dr. Geo. E. Houck, of Roseburg, was at Medford last month.

Dr. W. B. Morse, of Salem, was a Medford visitor last month.

Dr. D. A. Payne, of Eugene, was a visitor in Albany last month.

Dr. W. C. Smith, of Salem, has just been elected City Health Officer.

Dr. R. E. Lee, of Klamath Falls, visited last month in Salem and Portland.

Dr. W. L. Cameron, of Medford, made a business trip to Coquille last month.

Dr. Fred A. Lieuallen, of Helix, called on his friends at Pendleton recently.

Dr. W. A. Trimble, of Albany, made a short professional visit to Scio last month.

Dr. Hicks C. Fenton, of Portland, has just removed into a fine new house.

Dr. George Ainslie, of Portland, took a trip to San Francisco last month.

Dr. A. G. Prill, of Scio, is erecting a new office, his former one having burned.

Dr. A. B. Stone, of Athena, says that he is going to look for a new location.

Dr. Green, of Port Orford, has moved to Spokane for the benefit of his health.

Dr. and Mrs. Watt, of Hood River, attended a wedding at Myrtle Creek last month.

Dr. A. G. Prill, of Scio, was in Portland last month, buying new instruments.

Dr. J. E. Shearer, who has been for some time at Roseburg, has moved to Glendale.

Dr. D. A. Paine, of Eugene, took a short trip during the month to McKenzie bridge.

Drs. Oglesby and Best, of Cottage Grove, are figuring on establishing a hospital at Drain.

Dr. C. J. Smith, of Pendleton, had some unpleasant experiences during the late floods.

Dr. M. K. Hall, of La Grande, had some prize taking dogs at the Portand dog show.

Dr. B. R. Job has been making some improvements on his office at Cottage Grove.

Dr. J. A. Lamberson, of Lebanon, went to Albany to the medical meeting last month.

Digitized by Google

Dr. Fred Hoech, of Castle Rock, was married last month to Miss Winifred Munkers, of Scio.

Dr. Edwin E. Straw, of Marshfield, has a ranch on the Coos river, which he frequently visits.

Dr. A. E. King, of Antelope, attended the Masonic Lodge sessions in Portland last month.

Drs. Devore and Mortensen is a new firm of physicians that have begun to practice in Drain.

Dr. Marie M. Goffin, of Moro, spent a short outing last month at the Goffin farm at Klickitat.

Dr. C. W. Cornelius, of Portland, has been buying up a desirable quarter block on Kearney street.

Dr. Belle C. Ferguson, of The Dalles, was recently elected to a five year term as school director.

Dr. Wm. Horsfall, of Marshfield, was called to Bandon recently to perform an operation for appendicitis.

Dr. J. W. Ashford, who has many friends at John Day, is visiting there with his wife for part of the summer.

Dr. N. Molitor, of La Grande, recently returned from an extensive trip to the Eastern cities of this country.

Dr. and Mrs. F. J. Gobar, of Trask, attended the graduating exercises of the pupils of the Tillamook High School.

Dr. and Mrs. D. F. Lane, of Salem, had a visit last month from their son and son's wife, who are now living in Cuba, Ill.

Dr. J. O. Van Winkle, formerly of Brownsville, but now of Wendling, was recently married to Miss Hutchinson, of Brownsville.

Dr. Willis B. Morse, of Salem, has been appointed a member of the State Board of Health, to succeed Mayor Lane of Portland.

Dr. J. Griswold, of Helix, has a pumping plant of his own on his Columbia river ranch, thus making him independent of the ditch companies.

Drs. George O'B. De Bar and D. A. Paine, of Eugene, were in Portland last month, attending the session of the Masonic Grand Lodge.

Dr. T. W. Harris, of Eugene, the retiring president of the Lane County Medical Society, gave a banquet to the members of the society.

Dr. J. H. Stolper was one of the doctors who lost everything in the San Francisco disaster, and he is talking of locating at The Dalles.

Dr. Thomas Ross, of Astoria, has just returned from taking a post-graduate course in the medical school of Columbia University, New York.

Dr. Edna Timms went to Newberg last month, and delivered an address before the Wednesday Club on "A Year in Vienna." The lecture was well received.

Dr. E. P. Geary, of Portland, made one of his frequent visits to Medford last month. The doctor has many friends, made in the days when he used to practice there.

Dr. C. H. Law has announced that he will not continue to practice medicine at North Powder. He has considerable interests in the mines of the North Powder section.

Dr. Thos. Parker, of Klamath Falls, has found it necessary to reply to

Digitized by Google

some of his critics in the newspapers, as to the methods he adopted in conducting a campaign against contagious diseases.

Dr. Chas. W. Hill, who graduated from the medical department of the University of Oregon in 1905, has just graduated with high honors in the class of 1906 at the Jefferson Medical College of Philadelphia.

Dr. C. J. Smith, of Pendleton, made a visit to Echo recently, in his capacity as member of the State Board of Health. There is an epidemic of typhoid at Echo, and Dr. Smith warned the inhabitants to boil their drinking water.

Dr. Ralph A. Fenton, of Portland, has just won high honors in Chicago. He has recently graduated from the Northwestern University of Chicago, and has secured the position of senior house surgeon of the Illinois Eye and Ear Hospital.

Dr. M. C. Strickland, of Oregon City, had a collie entered at the Portland dog show that won the cup for the best collie owned in Oregon; the cup for the best tri-colored collie; first prize in the winners' class; first prize in open dogs' class, and first prize in limit dogs' class.

Washington.

Dr. J. F. Harris, of Hartline, has moved to Molson.

Dr. C. F. Webb, of Loomis, was a Conconully visitor last month.

Dr. H. R. Smith, of Lind, recently took a short vacation at Seattle.

Dr. C. V. Genoway, of Sokane, visited in Wallace, Idaho, last month.

Dr. J. E. Purcel, of Dayton, was a visitor in Walla Walla last month.

Dr. F. W. Hilscher, of Spokane, enjoyed his Eastern trip last month.

Dr. I. N. Power, of Cle Elum, called on his Ellensburg friends last month.

Dr. and Mrs. R. Connell visited in Cashmere with relatives last month.

Dr. and Mrs. D. M. Angus, of Prosser, went over to Granger last month.

Dr. J. E. Bittner, of Sprague, made a professional visit to Ritzville last month.

Dr. and Mrs. H. R. Smith, of Lind, took a trip last month to Seattle and Victoria.

Dr. Harvey Feich, of Ellensburg, recently visited with his family in Missoula.

Dr. and Mrs. C. G. Black, of Pomeroy, took in the sights of Spokane last month.

Dr. H. A. Wright, of Wilbur, took a patient to Spokane last month for treatment.

Dr. and Mrs. Park Willis, of Seattle, attended the Whitman commencement exercises.

Dr. R. P. Dempster, of Granger, is taking a post-graduate course in the Tacoma hospitals.

Dr. B. R. Freeman and wife, of Spokane, attended the Walla Walla encampment last month.

Dr. J. A. MacLachlan was a witness in a railroad case at Walla Walla last month, that was being tried in the court there.

Digitized by Google

Dr. M. B. Grieve, of Spokane, finds time to attend the Bankers' Convention of his state.

Dr. N. G. Blalock's many friends at Walla Walla and elsewhere are glad to find him announcing that he has not retired from practice, although he has been through a severe siege of sickness during the past few months.

Dr. Benjamin H. Bond, of Bellingham, has made himself famous in the newspapers by announcing, from experience, that the way to live a long and happy life is to avoid quarrels with your wife. He has just celebrated his 60th wedding anniversary, and claims that he should know all about it.

Dr. Wm. C. Cox, of Everett, and wife, had a pleasant visit in the Eastern states last month. On his return from Boston he stopped off at the Mayo hospital at Rochester, Minn. At the time of Dr. Cox's visit a dozen of the leading surgeons of the world were there, and also the surgeon general of the Japanese army, to stay indefinitely.

Idaho.

Dr. J. L. Stewart, of Boise, was in Portland recently.

Dr. J. J. Hamilton, of Caldwell, was a recent visitor in Boise.

Dr. E. W. Kleinman, formerly of Shoshone, has moved to Hailey.

Dr. Earl S. Prindle, of Laclede, was a Sand Point visitor last month.

Dr. T. S. Youngblood, of Midvale, was a visitor last month in Weiser.

Dr. Frank E. Brown, of Council, called at Weiser one day last month.

Dr. A. F. Wohlenberg, of Kooskia, was a visitor in Lewiston last month.

Dr. Warren Carithers, of Moscow, made a professional call at Troy last month.

Dr. W. G. Collister, of Boise, made a visit recently, on business, to Soldier Creek.

Dr. Frank Wenz, of Rathdrum, is interested in the Pend d'Oreille Transit Company.

Dr. T. W. Nickel, of Grangeville, made a business visit last month to the Lowe district.

Dr. J. N. Alley, of Lapwai, has gone to Chicago to spend two months in the hospitals there.

Dr. and Mrs. L. P. McCalla, of Boise, are spending some time in Portland and Seaside.

Dr. O. F. Page, of Sand Point, was in Spokane last month, as a witness in a personal injury case.

Dr. M. McKinnon, of Sand Point, attended the meeting of the North Idaho Medical Society meeting.

Dr. Collins, of Burke, has just returned from England, where he had a hurried but pleasant vacation.

Dr. Lorin F. Rich, of Rexburg, has just completed a post-graduate course at Jefferson Medical College, Philadelphia.

Alaska.

Dr. C. A. Hascall, of Fairbanks, who was burned out in the recent fire at that place, came down to Seattle after the fire.

Dr. D. F. Linehan, of the Equitable Life Assurance Society, was in Valdez

Digitized by Google

last month. He has been making a tour of Alaska to establish medical examiners in the interest of his company.

Montana.

Dr. T. E. Lutz, of Red Lodge, took a short vacation in Butte in June.

Assistant or Substitute.

Experienced physician with New York and Ontario licenses, is looking for location as assistant or substitute. Address H. W. C., care Medical Exchange Bureau.

OBITUARY.

Dr. W. G. Alban.

The death is announced, on June 20th, of Dr. W. G. Alban, of Walla Walla, Wash. He was 85 years old at the time of his death, was born in Mansfield, Ohio, and was a schoolmate of John Sherman. He went to California in 1849, and began the practice of medicine there shortly after his arrival. He went to the state (then territory) of Washington in 1878, and was in active practice until two years ago.

Tropical Neurasthenia.

W. W. King (Journal A. M. A., May 19), describes neurasthenia as he observed it in Porto Rico, using the term tropical rather to indicate local influences than as signifying a particular type of the disorder. Comparatively few individuals, he thinks, escape certain symptoms of nervous exhaustion if they live in the tropics for a long period. Women are greater sufferers than men. While climate does have a certain relaxing effect, he thinks its influence is overestimated and that much should be attributed to the monotony of life, to the defective diet and to the habit of individuals. The variety of symptoms is as great as elsewhere, but he has noticed a lack of energy, a tendency to hypochondria and digestive disorders, loss of weight, disturbed sleep and dull occipital headache as prominent features. The symptoms may disappear gradually as the patient becomes acclimated, so to speak. Change of scene and occupation and moderate exercise, not overdone, especially if combined with amusement, are beneficial. Special symptoms may call for medicines, but he has seen little good from any general medication directed to the nervous system, aside from hygienic measures.

Fairchild's Essence of Pepsine as a Vehicle and Adjuvant, Especially for Drugs Which Disturb the Digestion.

By virtue of its being a genuine extract of the gastric juice, holding in a remarkably agreeable solution all the digestive and sedative properties of that vital secretion, Fairchild's Essence is a vehicle and adjuvant of peculiar value and wide utility. Being perfectly innocent, it may be used freely in suitable combinations, or by itself as a simple aid to digestion.

Fairchild's Essence is put up in 4 oz. and 8-oz. vials, without lettering, as well as in large containers, and it is respectfully recommended that it be prescribed in the original package, whenever consistent with the physician's judgment, in order to ensure its getting to the patient in an absolutely sterile condition and with its agreeable qualities unimpaired through any inadvertence or lack of care in decanting.

It is always important to specify Fairchild's.

Digitized by Google

MEDICAL SENTINEL

AUGUST
1906

Volume XIV **Number 8**

Notes

The quarterly meeting of the Asotin County (Wash.) Medical Association was held at Clarkston on the 30th of June. A paper was read by Dr. Temple on Mountain Fever, and one by Dr. Brazeau on Summer Complaint.

The Yakima County, (Wash.) Medical Society has reorganized, and the following officers have been elected for the ensuing year: President, Dr. C. G. Fletcher; Vice President, Dr. P. Frank; Secretary, Dr. A. J. Helton; Treasurer, Dr. C. T. Dulin.

The annual meeting of the Idaho State Medical Society will be held at Lewiston October 4th and 5th. A preliminary program has been prepared covering some 26 subjects, most of which will be represented on the final program. A very interesting and valuable meeting is confidently looked for.

The members of the Washington State Medical Society are expecting a good meeting at Spokane on the 11th to 13th of September. An excellent program has been prepared, and the well known hospitality of the Spokane physicians and people generally, will help to make the meeting one long to be remembered.

The Oregon State Board of Health has been of late especially active in cautioning the residents of the eastern part of the state, against the danger of the spread of typhoid fever. The board emphasizes the fact that when typhoid fever exists, the case should be isolated and the greatest care exercised by those in attendance in disinfecting everything that comes in contact with the patient.

The members of the Lane County Medical Society are taking especial precautions as to the water used by the public at Eugene. A committee has

Digitized by Google

been appointed by the society consisting of Drs. George Wall, I. B. Bartle and J. W. Harris to inspect the water supply, and filters, and take samples of water and thoroughly analyze them and report to the public their findings.

On July 27th fire occurred in the attic of the Salem Asylum, and everybody breathed a sigh of relief when the news came that the flames had been extinguished with no injury to anyone, and with but a small loss to the state. Supt. Calbreath is given well deserved credit for coolness and ability in meeting the emergency.

The authorities who are dealing with the typhoid fever problem, in the eastern part of Oregon, are quoting the remarks of Lord Palmerston who said that "for every death by typhoid, somebody ought to be hung." The state health authorities are urging upon the local city councils the importance of preventive measures, and are pointing out for the thousandth time that it is cheaper to prevent the disease than to fight it.

Dr. Giesy in the Harness Again.—The innumerable personal and professional friends of Dr. Andrew J. Giesy, of Portland, are extremely happy that the good doctor and skilful surgeon is again in the harness in his professional work. The two months enforced absence from work on account of some temporary trouble with his eyes, not only leaves his sight as good or better than it was before, but forced him to take a needed vacation.

At Pendleton last month, the authorities got after a "Naturopath," but were unable to make the prosecution effective. The defendant claimed that he had not represented himself as a physician; had not prescribed medicines or drugs; and had given no treatment within the meaning of the act. The phrase—"within the meaning of the act" is a great one to assist those who are near the line of demarcation which separates the offence from no offence.

Notwithstanding the heat of the weather, there was a good meeting on the 9th ult. at Palouse, of the Whitman County Medical Society. The meeting was held in the city hall. Dr. William L. Hall of Spokane read a paper on Treatment of Summer Diseases of Children. Dr. F. J. Marshall of Pullman had a paper on The Diagnosis of Typhoid Fever, and Dr. F. E. Whitaker gave an impromptu talk on the treatment of typhoid fever. The next meeting will be held at Oakesdale.

Digitized by Google

The medical men of Pendleton are warning the people of that city that they must boil their drinking water, if they would avoid disease. The Umatilla river, which supplies the city, is reported to have had a large quantity of refuse washed into it from the mountains, which is bound to produce sickness, unless the people who use the water, exercise such care as is recommended. It was reported recently that there was a large number of typhoid fever cases in the city.

The local authorities at Seattle are asking the government to place all Seattle packing houses under federal rules. At the present time only one packing house at Seattle is under government inspection. It has been contended by the other packing houses that the government had no right to inspect them unless they were engaged in interstate business. It looks rather as though these packing housese were afraid of inspection, and this view of the matter is being taken by the Seattle authorities who want clean conditions to prevail.

The Lane Lectures.—The Lane Medical Lectures, always an event in San Francisco, will be delivered at the Cooper Medical College commencing August 20th, and will continue, two lectures daily, during the five days of the week. Dr. John C. McVail of Glasgow, Scotland, will be the lecturer, and the subject will be Practical Hygiene, Epidemics and Preventive Medicine. Demonstrations, clinical opportunities and library facilities will be available during Lane lecture week. Those desiring to attend from a distance should notify President C. N. Ellinwood, of the college, San Francisco.

Youthful Energy.—What a blessing it is, for the mental and physical well-being of future mankind, that the boy and girl are restless, and always want to be on the go, when not asleep. The tired parent may sometimes be inclined to urge his youthful progeny to "keep still," but keeping still is not dreamt of in the philosophy of the youth. The efforts being made by every northwestern city to secure public playgrounds where the youth of the cities can disport themselves, and work off their surplus steam, are creditable, and worthy of encouragement. They are as essential as our public schools, and taxes for their provision are as legitimate as taxes for school buildings.

The annual report of the Portland Open Air Sanatorium has just been issued, signed by Dr. E. A. Pierce, the attending physician. It gives some interesting details concerning the institution, and shows that from November 1st, 1905, to May 1st, 1906, there were 64 cases treated at the sanatorium. Of these reports are given on 42, distributed as follows: Apparently cured, 4; arrested, 11; improved, 11; unimproved, 14; died, 2. The 22 not reported

Digitized by Google

on had been under treatment less than a month. The work being done by this sanatorium is an excellent one, and the beneficiaries are a class of people who as a rule have but little money with which to pay for treatment.

The Viavi Concern.—In some states, the authorities are getting after the Viavi concern, but we have not heard of any such proceedings in the coast states. In Colorado the authorities have had the drugs used in the course of the Viavi treatment chemically analyzed, and the analyst has reported that they are largely opiates. The local agent is being prosecuted for selling and dispensing medicines containing poisonous vegetable alkaloids under the guise of harmless preparations. It s claimed that these remedies are making opium fiends of scores of people. In Colorado the Viavi people even have succeeded in getting into the church parlors for the purpose of expounding their theories and selling their nostrums. One woman who had been treated by them subsequently consulted her regular physician, and he told her that she had been taking morphine. She indignantly denied this, but admitted the Viavi. The analyst stated that 85 per cent of the liquid was morphine, and 15 per cent glycerine. The Viavi product comes from California, but it is spreading all over the country, and the public interest would seem to demand that it receive attention from the various state authorities, as it has in Colorado.

A sensational lawsuit has been brought in Seattle against the State Board of Medical Examiners, and the presidents of the State and County Medical Societies by three persons who have failed in their efforts to procure certificates to practice as physicians in our neighboring state of Washington. The court is asked to enjoin the enforcement of the penal statute, under which one of these would-be doctors has been convicted of practicing without a license, and the court is further asked to declare unconstitutional the medical law, and to restrain the Board of Medical Examiners from acting under the law. The attorneys for the plaintiffs grandiloquently announce to the reporters that they propose to carry the case to the United States Supreme Court for final adjudication—which means that they believe they will be defeated in the state courts. This, of course, is always a cheeky thing to say, and usually only poor lawyers make such a remark. The case will be watched with a good deal of interest as it progresses. Happily, law questions, and not matters of fact are involved, so that the case will be tried by the court, and not by juries, and there is little likelihood that the law of the state will be held invalid. In the meantime, the three plaintiffs are not practicing. It is not at all to b e supposed that the court will grant their request to enjoin the authorities from enforcing the law as it now stands upon the statute books, until such a term of years has passed over their heads as is necessary for the Supreme Court of the United States to pass upon the law questions involved.

Digitized by Google

Editorial Notes

Telephone Tyranny.—This alliterative heading will appeal to most medical men as being suggestive of a condition brought to their own doors. No physician can do without a telephone if the instrument can be had. His patients who need immediate care would call someone else, if his office and residence is not equipped with this latter day invention. He would be regarded as being decidedly out of date, and not up with the times. Besides, if he lives a mile or two from his patient who needs his presence, time is saved by telephoning, instead of sending a messenger; and when a physician is needed, he is often needed quickly. The world got along before telephones were invented; so it ..d without telegraphing and railroads; doctors did their best; people died and others got well of their sickness. But we get along a great deal better with these modern conveniences, and under no circumstances would we do without them.

There is another side to the telephone question, and this is where the tyranny comes in. Some members of the great public are said to believe that medical advice given over the telephone shoulud be free of charge. This, however, is a branch of the physician's grievance which can be taken care of by each individual. Ordinarily a physician will not prescribe for or advise a patient without seeing him, and making more of an examination, and more inquiry, than is possible over the elephone. Many people call up the physician, and take his valuable time, inquiring about the progress of patients whose friends they are. A physician may be in the middle of an important examination of another case, when his time will be broken into by what appears to be an important communication, but which turns out to be actuated often by the merest curiosity. The telephone has become an instrument that demands, and often secures, the right of way over all other engagements. The individual who might have to wait his turn with his frivolous question, if he were to visit the physician at his office, can get his ear at the telephone beyond all question, if he has enough cheek to demand it. Here is where the tyranny of the telephone comes in, when utilized and set in motion by a person of enough persistence and cheek. Some day there will, perhaps, be a code of ethics drawn up governing the use of the telephone. But the trouble is that there is no means of enforcing its rules on the shameless individual at the other end of the line.

The Army Medical Bill.—It is gratifying to know that the Army Medical Bill, which passsed the Senate early in the year, and was reported favorably on by the House Committee, will come to a vote in the house early in the next session. Speaker Cannon has been blamed in some quarters for the bill not being admitted to a vote in the house, before an adjournment was taken. But he has explained that the date was so late that it was impracticable for it to be considered. So many telegrams and letters were received by the Speaker regarding the measure, that he realizes its importance, and that it possesses a great many influential friends all over the country. The Speaker's attitude on the matter is regarded by the friends of the bill to be a friendly one, and it is expected that it will pass the house when called up, in substantially the same form as it came from the senate. It will however, be advisable that those who are interested in the measure should interview their representatives and have

Digitized by Google

others interview them, and urge upon them the importance of supporting the measure. It is of vital importance to the fathers, mothers, brothers and sisters of the rank and file of the army, and should be close to the hearts of the people of the nation. The measure is one that the medical fraternity of the nation has fought for incessantly, and they are to be congratulated on the substantial recognition that has been accorded their efforts.

Qualifications for Students of Medicine.—Our attention has been called to a valuable address delivered recently by Dr. Edward C. Register, as President of the Medical Society of North Carolina, in which he claims very forcibly that the preliminary education required of students of medicine, is, in many states, not high enough. While a member of the Medical Examining oard of his state he noticed that a very large per cent of the applicants for license showed many evidences that they were not primarily prepared to begin the study of medicine. Many of these young men, he says, seemed to be competent professionally and well trained technically, but their literary, pre-medical qualifications were very defective. It appeared plain to him that men were being admitted to what was regarded as a learned profession, who were not learned—men who were not educated, and men who would, with here and there a notable exception, go through their professional lives laboring under many disadvantages. They would not be in a position to gain the applause and support of the thoughtful and cultivated. When the student leaves his general school work early, and obtains his knowledge from a strictly professional institution, he has not the accomplishments, the breadth and tact to deal as successfully with the social and semi-medical problems that come up every day in the medical man's life as the man who has had different training and different environments. It is a mistake to assume that men of their own accord, will acquire a general knowledge before taking up even the initial sciences of medicine. Dr. Register asserts that the per cent of young medical men now entering the profession who cannot enter the eighth grade in our public schools, is very large.

Here is a subject to be dealt with by every state. Many young men who feel that they are fitted by temperament and taste to become physicians, have to work their way, to some degree, through college, and for them it would be a hard matter to go through the preparatory schools and college, in the way Dr. Register would suggest. But in legislating on this matter it is not for the legislators to consider the applicants for medical diplomas so much as the interest of the public, whose troubles will be treated by the coming physicians. The profession of healing does not exist for the good of the profession, but for the saving of the health of the people. This principle is recognized by the fraternity every day, in their efforts to prevent, rather than to cure, diseases.

The Nurse Question.—Some of our esteemed medical contemporaries are giving a good deal of space to a discussion of the nurse question. Correspondents, who have had more or less experience, are contributing their views, and those views are likely to be very divergent. Some put forth the ridiculous claim that the trained nurse carries about with her such an air of superiority as to become oppressive to the patient; that she is more than likely to believe she knows more than the doctor. Others take an entirely opposite view, and insist that while there are poor trained nurses,

Digitized by Google

as there are poor doctors and poor everything else, yet the good trained nurse is a blessing to the patient and the doctor, and the better her training, the better the nurse. Most people who have studied the subject take a middle ground, and believe that nurses are born, not made. Many a nurse that has not had "training" is better than many a nurse that has been trained, and has passed all sorts of examinations. Kindness, sympathy, faithfulness, capability—these are largely a matter of temperament, rather than training. But training is a very valuable adjunct. So many times emergencies arise, when the physician is far away, and cannot be reached, and then the nurse must act quickly. Her training comes in then to great advantage. Any nurse who will go contrary to the directions of the attending physician is violating her duty to both patient and physician. Some nurses are ideal wherever trained; some will be poor nurses, however much training they may receive. Natural endowments are more valuable, in many cases, than any amount of training. The experienced physician knows all this; he need not be told, and much of the space devoted to this subject in medical journals is largely wasted.

Dr. Otho F. Ball, managing editor of the Interstate Medical Journal of St. Louis, who is spending his vacation upon the Pacific Coast, was a recent visitor in Portland.

Can Cancer Be Cured?—The lay press is now taking up the proposition of Dr. C. W. Saleeby for the use of trypsin in cases of cancer. Dr. Saleeby publishes an article in McClure's magazine for August, and although the proposed method of treatment is not a new thing, it is receiving a great deal of public attention. Medical men generally, so far as they have consented to be interviewed throughout the country, seem to be very skeptical as to the value of this treatment. Dr. Saleeby is modest, however, and in his concluding paragraph suggests the proposition "that the trypsin or pancreatic treatment of cancer is worthy of immediate trial in the behalf of the many persons to whom it alone offers a possible chance of escape from an otherwise inexorable fate." Experiments have been made on mice, and the problem that presents itself is whether the treatment will do for men what it is claimed it has done for mice? Enough has been written on the subject to entitle it to a trial, and the profession at large will be able, in a short time, to form a very decided opinion on its merits.

Rise From the Ashes.—Our esteemed medical contemporary, the Pacific Medical Monthly of San Francisco, has risen from the ashes, and the May-June number, hyphenated. but still in the ring, is received. There is a good deal of earthquake in this issue, and the information, reminiscenses and other contributions relating to the earthquake and its effects will be read with much interest. It took just such a calamity as that of April 18th to show how much grit there was in the community by the Golden Gate. The temper of the people was illustrated in a sentence or two appearing in the Monthly concerning the College of Physicians and Surgeons: "The buildings, furnishings, the apparatus and some of the records succumbed to the destroyer, but the College still lives. The trustees, the faculties, the alumni, the students, the friends, backed by courage, full of determination, animated by an indomitable spirit, are much alive." This is the spirit that accomplishes great things.

Digitized by Google

THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

ARMY MEDICAL REFORM

The reform of the Medical Department of the Army was not effected by the last session of Congress. There are, however, strong reasons for the belief that it will only be a matter of a short time, when the well matured suggestions of the department will be embodied in the laws of the land. The medical editors of the country have done a great deal to educate public sentiment in the direction of the necessary reform, but the object sought is of sufficient importance to warrant continued effort in the same direction. No wars, small or great, are expected by this country in the near future, and we hope that the handicapped medical department of the army will not be called upon to show its weakness as it did only a few short years ago, when hundreds of precious lives were sacrificed to the inadequacy of the laws governing the subject. It is natural that there should be opposition in the army to the proposed reforms, for the reason that when these reforms are effected, the relative importance of the military and the medical departments will be readjusted. The fact that such readjustment is in accordance with common sense, experience, and the demands of the times, does not lessen the unwillingness with which the military arm dislikes to give up an iota of its vested rights, as it considers them.

While considering this subject of the United States army, it is interesting to note that our medical cousins across the water are meeting the same problems as we have to meet. Sir Frederick Treves, in a letter to the London Times, writes of the medical arrangements of the British army, which he compares unfavorably with those of the Japanese. His letter has a very familiar sound, and it really looks as though if he were to change the words "British Army" for "United States Army" his letter would be thoroughly in line with the facts. He complains that there is no coordination of sanitary effort and no organization to cope with the great hygienic problems encountered in field service. The principal medical officer has no authority in the matter and no power or organization at command to carry out what he knows to be needed. The combatant officer receives no systematic instruction in the hygiene of troops on a campaign. The private soldier is taught

Digitized by Google

how to seek cover, but not how to save himself from infection. The medical energy of the British army in the field is at the wrong end of the column. It is in the rear to deal with the sick who fall out of the ranks; it should be in the van to protect the column from the onset of disease. Sir Frederick wants the laws amended so that the army surgeons shall be provided with authority and power to carry out in the field the sanitary arrangements essential to secure the minimum loss of life.

How much this sounds like letters that are written, and speeches that are made, on this side of the Atlantic! It would seem that the United States and Great Britain are equally slow in carrying out medical reforms in their armies; much slower than such practical people should be. But the reform is sure to come, and in both countries it is the physicians who are in the forefront of the fight to secure it. They are fighting the battles of the rank and file—of the soldiers, their fathers and mothers, who are the actual mourners when such unnecessary mortality from disease overtakes the army as always comes with an active campaign. The strange thing is that any officials should be willing to have upon their heads the blood of the innocent soldiers who are unnecessarily slaughtered by disease and whose death can be laid solely to the desire to retain certain inherited power and authority for the military department.

THE VACATION PERIOD

This is the vacation period, and every doctor should try to get away from his practice for a short period, at least. Perhaps he may say that he cannot afford to go; he cannot leave his patients; he is more comfortable at home, with everything just about as he wants it, than he can be in a hotel or boarding house room, however high-priced they may be. He will meet a crowd of strangers, with whom he has nothing in common, he says; his income stops as soon as he turns his back on his patients—and many other reasons he urges why he should stay at home. What does the doctor advise his overworked patient, who puts in no more hours than he himself? He tells him he must take a vacation, whether it be lawyer, preacher, or business man. What is good for the business man is good for the physician. Let him be wise in choosing his vacation spot. If he does not want to mix with a number of disagreeable butterflies and dudes at the seaside, let him go into camp in the mountains. If he likes fishing, let him take his rod and line and gaze into the depths of trout streams, beneath the towering trees. A vacation, wisely chosen, is a great investment for the doctor, and he knows it, if he will only bring himself to admit it.

Digitized by Google

THE VALUE OF ROENTGEN RAYS IN THERAPEUTICS

By L. H. HAMILTON, M. D.

Read before the Aesculapius Club of Portland, Oregon

When this club did me the honor to elect me as its presiding officer, I am sure it did not fully realize the weight of responsibility it placed upon my shoulders, a responsibility that has steadily grown with me from the moment I learned that one of the duties of this high station is that the President must deliver an address.

It has occurred to me that something pertaining to the therapeutic uses of the X-rays would be appropriate, and while I will be able to say nothing new upon the subject, still a brief review may prove of interest.

The beginning of an epoch in medical science will always be associated with the name of Prof. Roentgen. Great as have been the benefits to humanity from the newer methods of diagnosis in surgery made possible by his discovery of the X-rays, the development of a wholly new method of ray treatment bids fair to confer a still greater boon.

There have been several claimants to the honor of priority in the application of the rays to the treatment of disease. Their use was begun in a purely empirical manner following their increasing use for diagnostic purposes.

The popular conception of the physiologic action of the rays is that it consists merely of a burning similar to that produced by the application of heat, that it produces its therapeutic results by burning out the diseased tissue like the actual cautery or caustic, and that it cannot affect a pathological process situated beneath the skin without in so doing affecting or destroying the skin itself. Many physicians entertain this erroneous idea as well as the laity. The changes taking place in pathological tissue following radiation are most interesting, and have been studied especially in lupus, sarcoma, and carcinoma. These changes seem to consist of a rapid degeneration of the pathological tissue cells followed by their absorption, and the replacement of such cells by normal connective tissue cells which shortly contract and lead to some apparent atrophy of the site of disease.

The degree of reaction following treatment is determined by several factors, such as the length of exposure, the distance from the tube, the vacuum of the tube, the intensity of radiation, the number and intervals between exposures. This reaction is known as an X-ray dermatitis, and if very severe is often termed a burn. It varies from a

Digitized by Google

simple erythema with a little subsequent tanning to a veritable slough of the cutis and subcutaneous tissue.

Success in radiotherapy depends upon the ability of the operator to decide upon what is a safe dose of X-rays, and administer it at such intervals as the case may require. There is no instrument that will measure the quality and quantity of rays given off from a tube at any time. The operator must learn to judge this by a combination of factors, each of which he has learned to observe. No meter can be a measure of the efficiency of a tube, but simply of the volume of current passing through the tube. The only way a standard dose can be formulated is for the operator to balance all the different factors constituting such a dose.

X-rays, in common with all forms of radiation proceeding from a point, fall off as the square of the distance; thus if the distance from the anode of the tube to the surface of the skin be in one instance 8 inches and in another 16, the amount of radiation received at any given point in the second case will be but one-fourth as great as in the first. This point has a most important bearing upon the success attending the treatment of lesions lying at a considerable depth below the surface. Thus suppose the anode of the tube be placed at a distance of 5 inches from the surface of the abdomen in the treatment of tuberculous peritonitis, and the lesion to be reached extend four inches beneath the skin. Now the amount of radiation received by any point upon the surface of the skin in a given length of time may be stated as 25 units (square of the distance) and the square of the distance of the most remote part (5 plus 4) or 81, therefore, at any point deep in the abdomen there would be received from the same tube in the same length of time under the same conditions, 25-81, or about one-third the radiation that the skin would receive. The result of continued treatment of a lesion at such a tube distance must be over radiation, and possible necrosis of the skin before the desired therapeutic effect has been obtained at the deeper portion of the diseased area. To overcome this difficulty we must change the value of the tube distance; if the tube be infinitely distant, the radiation at the surface and at the deeper point would have the same value, but since at such a distance the amount of radiation in both cases would be infinitely small, this is out of the question, but if the tube distance be increased to a relatively great distance—for instance, 20 inches—the variation in value of the radiation received at the surface, and at the deepest point will be so small that it might be ignored. Since the radiation at both points has fallen off as the square of the tube distance, the amount of radiation received must be increased by increasing the time value, a forty-eight minute exposure at 20 inches is equal to a three-minute exposure at five inches, and affects the deeper tissues equally.

As to the frequency of treatment there is considerable difference of opinion. It has been my custom to administer treatments not oftener than two or three times each week, until reaction is produced, then discontinue until this has entirely subsided.

X-ray toxemia has been observed in several cases; if a patient be exposed to radiations from a Crookes tube for a considerable time pro-

Digitized by Google

nounced changes in the life processes of the cells constituting the part follow; more especially is this true if the radiation be for a therapeutic purpose such as the destruction of a growth situated beneath the skin. The burden of eliminating the whole of the poisonous products must fall upon the skin and kidneys and a toxemia may result unless the patient is carefully watched. The first symptoms mentioned by the patient have been dizziness followed by headache, vague pains in the limbs, coated tongue, and high-colored urine containing albumen. Now if the operator stops treatment at once, gives a free cathartic, a diuretic and perhaps a hot bath this toxemia will not advance, but will slowly disappear. If these symptoms are not heeded, and treatment is continued, and if the patient is old and feeble, as is so often the case in this class of work, grave symptoms will ensue especially referable to the respiratory tract and the patient will die of what appears to be a pneumonia. An old gentleman being treated by me for carcinoma a few years ago was carried through what a brother practitioner diagnosed a queer kind of pneumonia, but what I know now was nothing more than an X-ray toxemia.

The treatment of the various forms of malignant disease by radiotherapy has been so thoroughly investigated by a host of observers, that it has been accorded a full degree of recognition by the profession. It is in the various forms of superficial epitheloma that the most spectacular work has been accomplished, but many of these growths could have been readily cured by other means, so it can hardly be said that it has proved a life-saver in the great majority of these cases. For certain new growths about the eyelids, where operation would lead to ectropion, or where unsightly scars would result, it is the best treatment, as the cosmetic effect is far better than obtained by other procedures. Even growths involving the lower lip have responded readily and the results in about ten cases, extending over a period of three years have been permanent, and even should there be recurrences later, that would have been expected from operation as well, as some of my cases have been recurrent cases following operation. However it is generally conceded that cancer involving the lower lip is much more malignant than that involving other portions of the face and I am always fearful less some of these patients return with recurrence, and the time for successful operation past.

I believe that eventually the great usefulness of the X-ray in malignant disease will be proven to be in its long-continued use following radical operation for removal of the growth and adjacent glands. Long exposures should be given with the tube at least 15 or 20 inches from the surface, twice each week, for at least three months, unless dermatitis or toxemia develops necessitating an interruption. In advanced cases, where the probability of a complete removal of the infected tissue and glands is slight its use should be continued for six months or longer. After having conscientiously carried out this line of treatment you can assure the patient and friends that you have given them the benefit of the most up-to-date treatment, and all the chance there is.

Dr. W. A. Pussey, of Chicago, in a recent number of the "Annals of Surgery," reports several cases showing that carcinomatous tissue

Digitized by Google

can be destroyed beneath the skin without injury to the skin. The first, a woman having an inoperable carcinoma of the breast with axillary involvement, was subjected to prolonged radiation; the growth diminished and her general health improved. A year and a half later she died of an inter-current disease and upon examining the breast and axillary glands no carcinomatous tissue was found; the remaining mass was fibrous tissue. The second case, a woman with involvement of the supra-clavicular glands following operation for carcinoma of breast. After several months' treatment the enlargement of the glands had entirely subsided. A similar case coming under my observation four months ago has just returned home. A radical operation for carcinoma of the breast was done. Eight months later she noticed the enlarged glands above the clavicle when she applied for treatment. She has been treated twice each week for the past four months and the glandular enlargement has practically disappeared. Actual results with me have usually not been so good. In most breast cases coming under my observation, recurrences have seemed slower in developing, but most all have eventually recurred internally and proved rapidly fatal. Ten cases of carcinoma of breast following operation in the past four years have been treated, and six have died from recurrences of the disease. It must be said in its favor that advanced cases were subjected to operation that were inoperable so far as a cure was to be expected from operation alone, in the hope that the rays would complete the cure. One case in particular is worthy of mention. Here the disease had advanced until operation seemed absolutely useless except from a hygenic standpoint. The breast was amputated, and the axilla cleaned out, and the patient subjected to radiation, at intervals, for more than six months. She enjoyed perfect health for three years and died a short time ago from a recurrence in the medisternum.

In tuberculosis of the cervical glands the X-ray provides a means of relief in a large proportion of the cases, providing the diseased process has not reached a stage where the glands are beginning to break down, as often happens much earlier than we suppose. The greatest difficulty is met in deciding which cases will be benefited by the rays, and which should be operated, and this largely depends upon the presence or absence of a few drops of pus which may be in the center of the gland, even when there is no evidence of its presence, and which may run a latent course, and exist for a long time before producing inflammatory symptoms. If this condition exists the patient will derive little or no benefit from the treatment, and operative relief will become necessary.

Dr. Taylor, of Philadelphia, in a recent article advises strongly against the use of the rays in cases in which there is a probability of an operation becoming necessary, as the changes resulting from such treatment in the production of cicatricial tissue, makes what would ordinarily be a simple operation a very difficult one. Here again the best results are obtained by following up the radical operation with a prolonged course of X-ray exposures, as we all know how prone these cases are to recur, as it is seldom possible to remove all of the infected glands.

Digitized by Google

The fact that some of the chronic skin diseases were benefited by deep-seated inflammation produced by other means suggested the possibility that this agent might be used to advantage here. The results have been satisfactory in a measure, and many obstinate cases of lupus, chronic eczema and acne have been cured that had resisted the less heroic methods of treatment. A word of caution might not be out of place here, as we should not resort to an agent so powerful until simpler methods have been thoroughly tried, and to which most respond.

The removal of superfluous hair by the X-rays, in my opinion, should be mentioned only to be condemned, as it has certainly proved a most unsatisfactory procedure in what few cases its use was employed. In two cases the hair was removed four times, but still it grows in spots over the surface and there is a certain amount of tanning which annoys the patient almost as much as the hair, and which will no doubt be permanent.

Much more might be said concerning the protection of the patient and operator from the rays, and its use in other conditions, but I feel that I have already occupied enough of your valuable time, and the discussion will no doubt bring out these points.

Affairs at Fort Steilacoom.—Elsewhere in this issue of the Medical Sentinel we publish a letter from Dr. Van Zandt, late Superintendent of the Hospital for the Insane at Fort Steilacoom. The doctor is one of the oldest and most reputable practitions in the state of Washington. He was for years on the State Examining Board, and held other high official positions. There may be two sides to this question, though it is hard to see that there is another side. The Medical Sentinel is a forum for the discussion of such questions, and we are always glad to hear from both sides on such an important matter.

The Profession of Medicine.

President Faunce, of Brown University, in a recent address before the Rhode Island Medical Society, says: "In two respects the medical profession deserves the grateful recognition and regard of all other callings in modern life. It has always insisted that the practice of medicine is a profession and not a trade. Trade is an occupation for livelihood; profession is occupation for the service of the world. Trade is occupation for joy of the result; profession is occupation for joy in the process. Trade is occupation where anybody may enter; profession is occupation where only those who are prepared may enter. Trade is occupation taken up temporarily, until something better offers; profession is occupation with which one is identified for life. Trade makes one the rival of every other trader; profession makes one the co-operator with all his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor."

Digitized by Google

DRAINAGE

By J. D. STERNBERG, M. D.

Read before the Portland City and County Medical Society, April 18, 1906.

In this article we shall investigate drainage. It is hoped our conclusions, while not claiming to be either exhaustive or infallible, may be interesting as well as useful.

To my mind the subject of drainage is one of the most important things in surgery.

If I were asked what knowledge and what advantage experience gives to a successful surgeon, I would answer: first, a knowledge of how, when and where to drain. Drainage involves so many principles, requires so much judgment and produces such vital consequences, that a thorough knowledge of it is essential to successful practice, and we can apply it as nothing else in surgery to the comfort, welfare and safety of many of our patients. However, it is misunderstood and mistakes are frequent.

All of us have placed drains in cases, the courses of which proved that they were unnecessary. All of us have failed to place drains in cases, the courses of which proved that they were absolutely indispensable.

Let us first investigate the general indications and reasons for drainage.

In every fresh wound there is regularly an escape of a greater or less amount of a bloody, serous fluid from the divided tissues, open capillaries and lymph spaces. The quantity depends on the tissues divided, as well as the size of the wound. Nature has provided absorbents, which may, or may not be able to handle this exudate. In order to obtain primary union, wounded or cut surfaces must be brought into coaptation. The accumulation of any fluid which prevents this, interferes with the healing process.

Second, nature has provided against pyogenic bacteria a certain means of defense, which may, or may not be able to overcome an infection. Hence in case of pus formation drainage becomes necessary to assist nature by removing infectious matter from the body under such technical conditions, that protecting granulations can speedily line the avenue of discharge and place the abcess, so far as further entrance of toxines or microbes is concerned, practically outside of the body. The principle embodied in the old Latin saw, "*ubi pus, ibi evacua,*" is thoroughly incorporated in the teachings of modern surgery.

Granted these fundamental principles, let us draw some hard and fast rules for general surgery. I do not like the adage, "when in doubt, drain." Let us have more certainty.

Digitized by Google

When perfect coaptation, deep as well as superficial, has been secured, and when by the most scrupulous and painstaking observance of aseptic and antiseptic precautions, the surgeon is assured that his work is good, and the wound is clean and free from hemorrhage, means of drainage may be dispensed with. On the other hand, when one is not sure of his aseptic surroundings, when the tissues have been torn or bruised considerably, where the cut surface is very extensive, where there is considerable fat or tissue of low vitality, there should be no hesitancy or question as to the advisability of at least a temporary drainage.

In emergency cases, drain, for it is pretty well conceded today that a septic or dirty wound cannot by antiseptics be rendered absolutely and positively surgically clean.

If a cavity is unavoidable, drain. Where there is likely to be considerable oozing of blood, drain. Where tissue is exposed, that could not be expected to join in the normal healing process, drain. In operations on oedematous or infiltrated parts, drain. In operations near an infected surface or orifice, drain. And in the larger operations, whenever you remove the lymphatics, the only means of absorption, drain.

So much for drainage in general surgery. We will now take up the all important particular ←the drainage of the peritoneal cavity. It is here that factors of such a nature as to require the keenest judgment must be brought into consideration. It is here that a knowledge of how, when and where to drain saves lives. Here we must consider, first, the virulence of the pus encountered or anticipated; and, second, the ability of the peritoneum to absorb and eliminate it.

That pus differs in virulence no one will dispute. I have known a cupful of pus to have been left in the abdomen, after the focus of infection had been removed, and this with no evil result. I have seen one drop escape from an inflamed Fallopian tube, not well walled off by nature or sponges at the time of the operation, a fatal peritonitis ensuing.

That the peritoneum will take care of a certain amount of infection no one can doubt. For the wound in the abdominal wall to become infected from a source which does not even start a local inflammation of the peritoneum is of common occurrence. However, we must remember that the resistence of the peritoneum is an unknown quantity, and that there is no practical way of telling at the time of an operation the virulence of bacteria. Yet some surgeons after repairing or removing the source of the trouble, almost regardless of pathologic conditions, irrigate and close, making no provision for drainage. Others establish drainage at the least provocation. The rest of the profession in doubt as to the positive indications, either take a chance, or place drainage, saying, "if the course of this case shows it is necessary, all is well, and if it is not required, it can do little harm, and can be easily removed." Class No. 1, (those who practically never drain), occasionally close the abdomen and thereby lose a life. Class No. two (those who practically always drain), probably do not serve the public any better. They occasionally lose a patient because of their drains. Their patients are kept in the hospitals much longer, suffer

Digitized by Google

much more, are more liable to complications, and often leave to return for a secondary operation for hernia, obstruction or fistula, and quite a proportion continue through life in a semi-invalid state.

Between these extremes there must be some reasonable and safe method to pursue in abdominal cases. Some firmer and better basis for the general surgeon than that founded on doubt. The case should either be drained or not drained. In the abdomen no one has a right to take a chance. Uncertainty can be largely eliminated by a good operative technic. The peritoneum will befriend the man who does not violate the very principles of surgery in his work. Delicate structures must not be needlessly exposed or roughly handled. One must carefully wall off with gauze healthy tissues while dealing with an infected area. One must cover all raw surfaces with peritoneum. Bleeding must be stopped. And I believe irrigation in acute infectious conditions is contra-indicated.

Granted a perfected operative technic, we can make general rules as well for peritoneal drainage, as elsewhere.

When in operating you come upon an inflammation of the peritoneum acutely infected or extensively contaminated, with a turbid exudate, drain. If you encounter free pus in a case preceded or accompanied by a rise in body temperature, drain. But if the purulent collection is contained in a sac, which can be removed without rupture or contamination of the peritoneum, drainage is unnecessary. If a plastic fibrinous exudate has to be broken up in order to reach the seat of infection, drain. Whenever you note the circulation of the bowel interfered with, accompanying a septic process, drain; for in such a case the offensive and eliminating power of the peritoneum is below par. Whenever you cannot remove the entire focus of infection, for instance, a badly inflamed fallopian tube, or appendix in a pus condition, drain. And right here it may be mentioned that infectious conditions about the appendix are usually more virulent than those about the tubes. Whenever completely infected, badly damaged or gangrenous tissues are removed from the abdomen the peritoneum is usually contaminated and drainage is required. Where leakage from a viscus (feces, bile or urine) is possible, and I wish to emphasize the "possible," drain. In cases of perforation, where the opening or openings cannot be found or sutured, drain. And remember that injuries of the intestinal wall, while they may not be severe enough to cause leakage, may permit mico-organisms to escape from the bowel and infect. In the partial removal of a tumor of size, or cyst with infected contents, drain, for the remaining inner wall of a cyst, besides secreting a fluid, could not be expected to readily unite with the adjacent tissues, and the cut surface of a growth would probably bleed. In visceral wounds of the liver, pancreas, spleen or kidneys in which the parenchymatous hemorrhage cannot be completely controlled, or secondary hemorrhage is expected, drain.

Having decided when to drain, let us now take up the various methods. The simplest and most natural way of enabling secretions to escape from a wound is to leave it open, apply an antiseptic dressing and have the patient assume a favorable position. This method should

Digitized by Google

be practiced more generally in septic wounds of small, or even moderate size. But in the drainage of cavities this open method is impracticable, for obvious reasons, and resort to artificial means is indicated. We believe that gauze wicks and rubber tubing are beyond question the most universally applicable and satisfactory materials for drains. The small drains made of gutta percha, catgut, horsehair or silkwormgut have but a very limited field. Glass, celluloid or the decalcified bone drains have, for good reasons, been practically abandoned.

Experiments with cups of pus, and observations in practice have proven:

First. That the capillary action of gauze depends on the character, i. e. specific gravity, coaguability, etc., of the fluid in which it is placed. It will readily raise water several inches, whereas, it cannot be depended upon to raise thick pus at all.

Second. Gauze moistened with sterile water will start to drain quicker, and will drain to a greater height than dry gauze. Gauze impregnated with an antiseptic, such as iodoform, will not drain as well as plain gauze.

Third. Gauze drains equally placed in an abcess drain in rapidity and quantity in proportion to their numbers. Hence in intensely virulent conditions, and in those cases where our patients are already septic, not one, but perhaps *fifty* gauze drains should be used.

Fourth. Gauze will not drain pus by capillary attraction to a height of over three inches. Hence it is obviously wrong to attempt to drain anteriorly with gauze pelvic or deep abdominal conditions.

Fifth. After a few hours a coagulation of fluid takes place in the meshes of the gauze, and instead of draining, drainage will be prevented. This is especially so when a gauze wick is wrapped with gutta percha tissue in the form of a "cigarette" drain.

Sixth. Gauze packed or rolled tightly will not drain efficiently. Packing will prevent hemorrhage. For instance, a septic uterus should be drained. Packing it is theoretically and practically wrong, for drainage.

Seventh. A ligature about a gauze drain interrupts its capillary action. Closing the wound tightly about a drain will have the same effect.

Eighth. It is possible to get a siphonage action with wet gauze, but it is doubtful whether this would be practicable in surgery.

Ninth. Tubes drain only by gravity. Hence when placed anywhere except in a dependent position, serve only as channels for superflous discharges, or fluids forced outward by intra-abdominal pressure.

Tenth. Tubing smaller than the ordinary lead pencil should never be used. Coagulation of discharges quickly plug small tubes and renders them useless.

Eleventh. Gauze through tubing drains poorly, whereas, gauze wrapped about well fenestrated tubes, drains rapidly. This drain of gauze about tubing combines the good qualities of both, and eliminates several objectionable features of each.

Twelfth. And lastly, gauze possesses distinct advantage over tub-

Digitized by Google

ing in the abdomen or pelvis, in that, with it you can wall off, or quarantine so to speak, septic foci from the general peritoneum.

In making provision for the escape of pus, blood or serum the most efficient point, i. e. the most dependent point is to be preferred. This may require another incision, but it will usually hasten healing; often place the more objectionable scar in a less conspicuous position, and in abdominal cases go far to prevent post operative hernia. To this end it is advisable to drain the female pelvis through the vagina, and some appendix cases through the flank. In amputation of the breast an opening so placed as to drain the axilla is best. If the line of incision does not include a dependent position, a counter-opening should be made. For instance, in the base of the posterior flap of an amputation.

Furthermore the position of the body can facilitate drainage. In operations on the lower portion of the abdominal cavity, we take the side of those who believe the Fowler position is of real value. For like purpose different attitudes and postures of the body and limb, depending on the position of the abcess, can be assumed to advantage.

In pus cases a few hours after drainage is established the condition of your patient should tell you whether it is efficient or not. In the minor cases, where there has been an abcess, pain, heat, throbbing and tension should diminish. In those cases profoundly septic, it is a question of whether the organs of elimination are able to get rid of the poison already in the blood. The time for the withdrawal of the drainage tube and wicks depends on the character and quantity of the discharge. In non-septic cases drainage can usually be dispensed with in from one to three days. Any drainage material acts as a foreign body, and consequently more or less as an irritant. Certain tissues tolerate this better than others. Where there is a profuse discharge a drain of some form, or an opening must remain until the wound has practically ceased to discharge. No wounds require greater care than open septic ones, and to promote rapid healing, dry cleansing is to be preferred to irrigation. All fluids, which by their caustic effect might interfere with granulations are to be avoided.

Tubular drainage of the abdomen should be removed early for fear of fistula, as a result of pressure necrosis. Both strips of gauze and tubes should be shortened, and removed one after another, as the indications for drainage disappear. Secondary suturing of abdominal wounds should be done to prevent hernia. Gauze in abdominal cases is easiest removed on the sixth or seventh day, well organized adhesions about the strips by this time beginning to slough. Prior to this time the dry ends may be moistened with sterile water. And in case the gauze becomes impregnated with coagulated pus, blood or fibrin, it can be rendered efficient again in situ by the use of diluted peroxide of hydrogen.

Digitized by Google

ROCKY MOUNTAIN OR SPOTTED FEVER

By HARRY N. MAYO, M. D.
Salt Lake City, Utah

Read before the Salt Lake County Medical Society, May 28, 1906

DEFINITION.

An acute infectious disease characterized by a somewhat sudden onset, with purpura hemorrhagica, terminating by lysis in from two to seven weeks.

ETIOLOGY.

The disease is also known as tick fever and occurs, as far as known, in Montana, Idaho and Wyoming. It seems to be more common along the course of the Snake River than elsewhere. Some attribute the disease to the bite of a tick which is one of a class of Acariden arachnids which attaches itself to the skin of man and other animals in which it buries its head and sucks the blood.

Spotted fever is prevalent among bridge builders, carpenters, civil engineers and men of like occupation who are employed in building railroads, bridges, canals, etc. The theory is that these individuals sleep on the ground and are exposed to the bite of the tick. Whether the bite of the tick has anything to do with the disease or not is yet to be proved. It is a fact, however, that many of these patients have ticks on their person or give a history of having been bitten by the insect.

MORBID ANATOMY.

The anatomic changes are those incident to a purpura hemorrhagic. The spots begin to appear about the ankles and thighs. At first they resemble very much the petechia of typhoid fever. They are intensely red and there is no elevation of the area of discoloration. The spots gradually increase in size and extend over the entire body. They merge from a deep red into that of a purplish hue, and before they disappear assume a greenish-yellow aspect. In severe cases the spots coalesce and the skin assumes a peculiar mottled condition not seen in any other disease.

SYMPTOMS.

The period of incubation is not known. If the tick has anything to do with the disease it may manifest itself very soon after the infection, inasmuch as many of the cases have ticks with their heads imbedded in the skin when they come under observation. The patient at first complains of a general lassitude and shows an elevation of temperature, about 100 to 101. As the spots begin to appear, usually in a day or two after the first symptoms of malaise, the temperature begins to rise, the spots increase in size, and in four or five days extend over the entire body. There is headache, backache, legache, loss of appetite, constipa-

Digitized by Google

tion and coryza. There are no nervous symptoms except those attending ordinary febrile diseases. After the patient has been sick for several weeks and when the temperature runs to 104 or 105 there may be delirium. The pulse is full and increases in rapidity with the elevation of temperature. The tongue is furred and sordes is present.

PROGNOSIS.

The severity of the disease seems to be commensurate with the skin manifestations. In severe cases the integument of the scrotum and thighs becomes very much discolored. Areas of gangrene appear on the scrotum or in its vicinity, and in such cases death usually follows.

DIAGNOSIS.

The disease is characteristic and after several cases have been seen could hardly be mistaken for anything else. Typhus fever, also called spotted fever, has a history of emaciation and occurs in prisons, poorhouses, etc., or among the poorly clad, illy fed of the tenement districts of large cities. Epidemic spinal meningitis has a known bacteriology, the *Diplococcus intracellularis* being recognized as its cause and is spoken of as spotted fever because of the malignant purpuric type that sometimes prevails. The cerebral symptoms present in this disease do not exist in the spotted fever which this paper means to describe.

Purpura hemorrhagica is a symptom of rheumatism and scurvy, neither of which could be mistaken for this disease.

The disease is most common among males, probably because in their occupations they are exposed to the infection. Females would doubtless be as susceptible to it were they infected.

TREATMENT.

The general management of this disease should be in accordance with symptoms presented. The constipation should be combated, elimination by the skin, kidneys and bowels should be promoted. Hydrotherapy should be employed in the same way as in typhoid fever, nutrition should be kept up. The alimentary canal does not seem to be crippled in this disease as in typhoid or the spotted fever of the cerebrospinal meningitis type. Therefore, the patient's nutrition is easily kept up.

NOTES.

Doctors McCalla and Maxey, of Boise, have seen many cases of this disease. They made blood smears which Dr. Maxey took to Professor Welsh for examination. This was done because of the report that the disease was due to a microbe that was found in the blood. Dr. Welsh gave it as his opinion, so Dr. McCalla tells me, that he could see no changes in the blood save the evidence of disintegrating red corpuscles which is found in other febrile diseases. In studying the disease, ticks have been taken from patients of this class placed on healthy patients, allowed to "take hold" and remain for several days, being protected and permitted to do so by the individual. In such cases spotted fever has not resulted.

Spotted fever begins in April and continues through the summer. It is during the early days of April that the tick begins to manifest himself. I am told that the tick that does the harm lives in the abode of the gopher and other little animals that burrow in the earth's surface.

Digitized by Google

THE NECESSITY OF STATE AND NATIONAL CONTROL OF TUBERCULOSIS

By J. P. TAMIESIE, M. D.
Hillsboro, Oregon

Read before the Oregon State Medical Society, May 16, 1906

In preparing this paper I have taken the liberty to quote very extensively from an article written by Norman Roberts, of Fort Stanton, New Mexico. His views were so nearly in accord with mine in the matter of legal legislation, that I must confess that I have been able to add but little to his remarkable paper.

I have been impressed in the matter of control of tuberculosis in that it is almost futile to attempt to do very much under the present state of affairs. When we consider the number of tubercular foci existing, it is almost impossible to believe that we can in any way do much toward its control and cure. In those cases of small lungs, and limited chest capacity and irritable mucus membranes, we must expect re-infection of those cases which we may suppose to have been cured, unless we can limit the spread of the disease through the dissemination in so many ways of tubercular bacilli.

Some times it is well to look into the future in order that present action may be directed aright. I will endeavor to show by this process, along what lines we should direct our efforts and energies in the campaign against tuberculosis. I know well that the ultimate measures which I shall propose may be premature and impracticable today; yet I venture to say that before many years or months, the problem will be solved in the manner indicated.

To my mind, he, who by wilfully or ignorantly violating the laws of health, contracts a fatal disease, is morally guilty of suicide; and when, in addition, he spreads this disease to others, he is morally guilty of murder. This applies in a more or less degree in a culpable sense; and not as a punishment; but as a means of limiting the results of their wrong-doing, these persons should be, for a time, deprived of their liberty in order that the transmission of the disease may be checked, and that the patients themselves may have the best possible chance of cure and of restoration to their original usefulness.

A minority of the tuberculosis cases contract the disease as a result, principally of causes beyond their control. Some of these causes are infection in early youth, unusual and perhaps unconscious, susceptibility, and ingestion of an extraordinary number of virulent bacilli (an accident not unlikely to happen in these days of lack of sanitary system), and most important, the combination of ignorance poverty and filth, for

Digitized by Google

which there is no escape for an entire tenth of the population. This minority forms the class of unfortunate victims who also should be deprived of their liberty until they have recovered their health and are no longer a menace to others. It is no use to try and distinguish between the culpable and unfortunate, for the reason that punishment or consideration of any kind would be detrimental to the best interests of all concerned. There is only one way to handle the two classes, for every case presents the two elements, culpability and misfortune, in such complex combinations that it would be impossible, even if it were not useless, to try and analyze them.

The question is not "Why?" but "What now?" Not "How did it happen?" but "What shall we do?" What we have done, while it has been of great value in enabling us to find the proper course, has not been the proper course. We have indeed effected some reduction in the death rate, but much further reduction is not possible under the present system, or lack of system, whereas every sanatarian knows that the disease could easily be reduced to next to nothing in a few years and kept down to insignificant proportions forever after, if some capable, sanitary general had but the necessary authority and resources. It seems to me that the way to exterminate this disease is to adopt the same measures that have been successful in reducing almost to zero the other great plagues which formerly ravaged the race. Compulsory isolation, disinfection and sanitation, in chief, have in civilized countries, practically banished from the lists of causes of death such diseases as plague, typhus fever, cholera and small pox, and the same measures, suitably applied, would do the same for tuberculosis, but for the fact that public opinion, in its cheap sympathy for the whims of the tuberculous and in its heartless penny-wise pound-foolish effort to provide for its needs are neglecting to apply scientific legal methods for his care and for the eradication of the disease.

The term "cheap sympathy" aptly expresses the attitude which public opinion has all along held toward tuberculosis. We hate to worry the poor sufferer with sanitary ordinances, and so we look the other way when he coughs and spits and we meekly inhale or swallow his dry bacilli the next day. But we howl down any proposed legislalation that would mean our paying for his spit cups or disinfection. We lie to him, or neglect to examine him thoroughly, when he consults us professionally about his "bronchitis," "malaria" or "dyspepsia," but it would be expecting altogether too much for us to surrender to the Government Bureau enough authority and money to put him where he would do no harm to his friends or relatives and where he would have a chance for his own life. We read with righteous indignation of the cruel refusal of a hotel man to allow his place to become infected by harboring a dying tuberculosis sufferer half way across the continent from home, but we forget that we are living under a Government that is supposed to be civilized and that it is the duty of doctors and not of hotel men to advise and urge care for those who are unable longer to care for themselves. In short, we are willing to let the tuberculous do or have anything he wants, with entire disregard of its effect on the general welfare, so long as we individually, as citizens, are

Digitized by Google

not asked to contribute anything for his benefit. Fortunately, there are signs of a change for the better in this attitude. We are still disgracefully cheap, but we are not so hypocritically sympathetic. We are beginning to say to the sufferer, "You are the one to stop the spread of tuberculosis. If you would stop spitting around promiscously the rest of us would be safe, but so long as you do this, the deaths will continue. Now stop it." Now this attitude is a great improvement over the other and has resulted in the saving of many lives, but we are going to be disappointed if we expect to eradicate the disease by any method based upon the principal of *simple prohibition.* The trouble with prohibition in any form is that it puts the whole task of the prevention, whether of disease or vice, on the shoulders of the weak and the unfit. One who gets pulmonary tuberculosis proves thereby that he was ignorant, and unable or unwilling to take proper care of himself even when well. When sick and infected with tuberculosis he is naturally still less able and responsible, and yet the prohibitionists expect great results from burdening his sinking shoulders with the additional duties of *voluntary sanitation* and isolation, without even getting him free spit cups or disinfecting material, or assisting him by compulsory measures.

Co-operation has of late years proved to be a great force for good in many fields, and nowhere has it an opportunity for more revolutionary improvement of existing conditions than in the treatment of pulmonary or other forms of tuberculosis. In competition, each member of society does what he must in order to hold his place or earn his living. In co-operation, each does what he best can for the general good. In competition, the tuberculous individual works until he drops, infects the community, and goes with his infected family to the poor house. No attention is paid to him so long as he does his work, and as a result he dies, after scattering tubercular infection among his associates for months or years. In the case of the tuberculous, the competitive system makes it imperative for him to do the thing he is least able to do—manual work—and forces him wholly or partly to neglect the vital, important ones that he alone can do to prevent the disease and infection from spreading.

In co-operation the authorities would exactly reverse all this, to the incalculable benefit both of the sick and the well. The tuberculous subject does his full duty when he obliterates himself as a source of infection by either recovery or death, or keeps himself harmless to the rest of the community while sick by taking proper care of his sputum an dother discharges. No one but himself can do these things, and so long as he has the disease this and this only should occupy his entire attention. The rest of the problem properly belongs to the community, and the community, if it does its duty, will see that the tuberculous person is relieved of all other responsibility. It will see that he is so placed that the infection of the well is an impossibility, and it will see that the sick have the best opportunities obtainable for recovery or for the easiest possible death.

How is this to be accomplished? Evidently the chief requisite is that in every recognizable case of pulmonary tuberculosis, the patient

Digitized by Google

should be subjected to official orders as to residence and infection. Hence, private philanthropy, while cheap so far as the public treasury is concerned, lacks the one thing necessary to efficiency. Private philanthropy and the individual efforts of private practitioners have indeed accomplished a great good in reducing the sufferings of the tuberculous individual, and to a limited extent in reducing the number of cases, by advice in prophylaxis; but such agencies will never rid the country of pulmonary tuberculosis.

Is it possible to rid the country of pulmonary tuberculosis? I believe that it is possible, as nearly possible as it is to rid it of smallpox. Undoubtedly, if we go about it in the right way. The army cleaned yellow fever out of Cuba within a year and it has never gone back, and under the present system of sanitation and prophylaxis will never go back. The eradication of tuberculosis, from the nature of the disease, would be a more tedious undertaking, but with the right kind of public support the National Public Health Service could, within ten years, reduce the National annual death rate from tuberculosis to less than one per cent of the present figures, and ultimately this disease, instead of being, as now, epidemic and responsible for one-seventh of all deaths, would be represented by a few carefully guarded cases, mostly imported, the death rate aggregating no figure in the total.

But the reduction of pulmonary tuberculosis, while simple in principal, will be by no means simple or easy of execution. Haste must be made very slowly and carefully and public opinion forced out of its cynical belief in great National undertakings by hpyocritic sympathy and its expensive cheapness. National and State legislation along proper lines, with recognition of health boards with proper authority, would represent the maximum of both efficiency and economy. In fact, the final running of the game to its last stand, the final extinction of the disease will require such unity of purpose and such close concert of effort that nothing short of perhaps the entire National Health Service will be able to deal with it.

State and National co-operation on a large scale is no longer a dream of visionaries, and its usefulness is no longer confined to politics, business or fighting. It is spreading to every department of human endeavor. Medicine has stood out against it longer than any of the other great professions, but even the doctors are beginning to throw up their hands and profess their inability to go alone. In the course of time, the bulk of the Nation's medical work will be done by an organized body or bodies of physicians paid from the public treasuries, just as the bulk of the Nation's school teaching has passed into the hands of t he public school system.

But to go back to the immediate future, co-operation on the largest and best organized possible scale is indispensable if tuberculosis is to be eradicated.

Finally, I would ask: "Can we control or cure tuberculosis if we do not prevent the indiscriminate and multitudinous sources of infection?"

Digitized by Google

Medical Societies

British Columbia Medical Association.

The Seventh Annual Convention of the British Columbia Medical Association opened at New Westminster on August 1st. The following is President Geo. E. Drews' address:

Gentlemen: I feel impelled by keen sense of obligation to at once thank you for the unexpected and unwarranted honor conferred upon me by your choice of President for this annual period and meeting of our provincial association.

My next duty, much more pleaasant and agreeable, is, on behalf of the medical profession of this city and personally, to extend to the membership of the association and visiting brethren, especially those from south of the 49th imaginary line, a most hearty and fraternal greeting and welcome to this, the seventh meeting of the British Columbia Medical Association, and also to express the hope that our associations and deliberations may result in mutual pleasure and profit.

Upon reference to the By-Laws of the British Columbia Association, I observe certain duties are imposed upon the President. From one of his duties there is no escape, for it is imperatively there set forth in this absolutely positive language: "He shall deliver an address, setting forth the condition of the profession in the province, etc." Having read this authoritative command "he shall deliver an address, etc.," the weight of official responsibility seemed almost crushing; yet duty's call adds stimulus and sometimes assists the weak and timid to surmount mountains of difficulty. To set forth the condition of the profession in or throughout the province is a heavy undertaking and I hope impeachment for neglect of trust may not follow my efforts to discharge the traditional and customary duty of the official chair.

Though our city is not hoary with legends or traditions, nor our archives musty with the accumulated historical records of consecutive centuries (for many citizens who may jostle you upon our thoroughfares today were pioneers and helped to clear the virgin forest even where we now are gathered), yet New Westminster will ever remain and pass down in history as having been the first capital of British Columbia, and, though shorn of that glory, nature's legacy of picturesque and superior commercial location upon the gentle slope of Fraser's northern banks will ever remain with her, and at future gatherings of the medical association of the Sunset province of our fair Dominion, I hope the memories of all here assembled may revert in pleasant recollection to this first meeting in the Royal City.

As corroborative evidence of our city's claim of having been the capital, it is interesting to observe that the first act passed in British Columbia respecting the practice of medicine was passed here, and is entitled "An Ordinance Respecting Practitioners of Medicine and Surgery." It is dated as having passed the legislative council upon April 1st, 1867. and assented to in her majesty's name upon April 2nd, 1867, by Frederick Seymour, Governor at New Westminster, B. C. The act is a short one, and the preamble is not by any means the least important clause. It runs: "Whereas, it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified persons, therefore be it enacted." This clause shows clearly that the idea in the minds of the early

Digitized by Google

legislators of this province when they passed our first medical act, was that it was more for the protection of the public from incompetent practitioners that such a law was necessary than, as is so often stated at the present day, to create the members of our profession into a closed corporation. I am indebted to one of our former presidents, Dr. R. E. Walker, of New Westminster, for this item of history, and if any persons feel sufficiently interested to look more carefully into the legislative history of the profession, I would refer them to his presidential address of August 29, 1902, in which this feature of our history is very elaborately recorded.

The Royal Columbian Hospital, founded in 1859, now located in our suburb—Sapperton—was the first hospital established upon the Mainland of British Columbia, there having been a marine hospital at Victoria prior to 1859.

It may not be unprofitable to briefly review the history of the association, especially as the city in which we are now assembled was intimately associated with the conception and birth of our officially organized institution. We the just now seven years old, and, though the silver streaks of advancing years are showing upon the heads, and the contemporary lines of care upon the features of many present, I sincerely hope not one of us has yet lost the retrospective interest attached to and associated with the arrival of the annual birthday period.

During the year 1899 a series of meetings of the Vancouver and the New Westminster medical societies was held to discuss the question of the formation of a provincial medical association. On January 18, 1900, the Victoria Medical Society invited delegates from Vancouver, New Westminster and Nanaimo to a dinner, at which the desirability of such an association was unanimously recognized. The next day a meeting was held in the parliament buildings, in the rooms of the honorable the president of the council, at which Hon. Dr. McKecknie, of Nanaimo; Drs. Helmsken, Fagan and Fraser, Victoria; Dr. Walker, of New Westminster, and Drs. Weld and Pearson, of Vancouver, were present. The British Columbia Medical Association was inaugurated, officers were elected, and in August of the same year the first meeting took place in Vancouver.

The dangers besetting the infantile and childhood period of medical societies in general are more or less familiar to the profession, and the vicissitudes and precarious existence of our British Columbia local societies may even yet be within the memory of some present. Without further irksome and wearying recital of historical data, we may congratulate the association upon its having passed the most dangerous period of life, survived many critical experiences and that now it might be regarded as almost able "to run alone." Many of us seem to consider such an organization really able to run itself, but we only require a moment's serious thought to realize that it needs support. United effort and allegiance to the true principles of our ancient and noble profession will instill such vitality that the objects and purposes of the association will become more apparent to each member, and real benefit be bestowed upon the profession and general public.

So much of sterling value, in information, suggestion and precept is contained within the small compass of the constitution, by-laws and code of ethics of the British Columbia Medical Association, that I now take the liberty to suggest that steps be taken to place a copy in the possession of every member of the profession in the

Digitized by Google

province, and I earnestly hope careful perusal of the modest pamphlet may be granted.

This train of thought has temporarily drawn me beyond the swift current of scientific advance and surgical evolution into an eddy of retrospective reverie, offering passage by a deep and steady channel of present attainments to a limitless ocean of unfathomed depths.

So much are we engrossed at these periodical gatherings with scientific discussion, that it appears to me not unwise if we devote a little time and thought to the ethical aspect of our profession.

As no distinctions of race or nationality are recognized by us, so in our ministrations to the public during the discharge of professional duties, we stand upon an isolated plane, and require to be most careful that we retain in the public eye the respect and confidence bequeathed by our predecessors. Having lived and labored under some of the old, and now superseded, methods of practice, and in older Canada, the difference of the attitude of the public towards us as a profession, compared with that of years ago, is very apparent. As custodians of the public and private health, we should deserve and command a greater degree of public confidence than I fear is bestowed upon us. Why such relations? There may be some cause of fault with the public. We may at times think them hypercritical; yet we all recognize that honest criticism is beneficial and stimulative towards better and more perfected effort. Since it is "our duty to the public" that is under consideration, I shall not attempt to deal with "the duty of the public to us" but will endeavor to make a few observations, which I trust may arouse sufficient thoughtful interest in our musings, from which possible benefit may accrue.

That many causes exist with us whereby this loss of professional prestige has become so general I am convinced all present will admit. As to how numerous the causes are which have produced such effects and the remedy to be applied or counteracting course adopted, I really think it impossible, in the short time at my disposal, and also inadvisable to undertake the enumeration of, or suggest remedies. Every man is conscious of individual defects of chartcter, temperament, disposition and qualification or fitness for the position he may be called upon to fill. The medical profession offers no easy grade nor substitutional discharge of duty, whereby such natural discounting defects might be counterbalanced in some other profession, trade or calling, for the physician must personally attend to duties, no proxy often being worth considering. Hence, upon his individual fitness and possession of those inherent qualities (educational training being granted) tact, good judgment, knowledge of human nature, etc., which go toward making a good physician, depends his success. This personal attention which the profession calls for, both in relation to patient and public, soon tests the physician's capability for inspiring confidence or otherwise. Professional misfits may account in some degree for the attitude of the public under consideration, but there are other causes, many of slow growth, therefore more deeply rooted.

Lack of unity and firm adherence to duty, principle and honor, upon questions of moral and professional character today constitute the worm at the root, and are undermining the foundations of professional prestige. This is a broad, far-reaching state-

Digitized by Google

ment, comprising sub-divisions which may embrace every breach of professional ethics, and, if properly applied, should constitute each one his own confessor. The object desired when these thoughts were engendered, will, I hope, be more likely of attainment by leaving this delicate subject with us in its suggestive character, trusting that we will give to it the daily prominence which it deserves.

The public expects, and justly so, the physician to be qualified for any task. This thought might lead us towards the sub-divisions of general medicine and surgery into special fields, and very properly so, for we all soon recognize how broad and yet how limited is our knowledge. The specialist should be more capable of giving to the public the very best his field can produce. We, as physicians, recognize the advantages of special study and application and should not hesitate to advise our patients accordingly.

Our educational standard needs to be maintained, hence the professional qualification demanded by the provincial act, over which the medical council have supervision.

That the profession has done noble service and placed the public in a position of comparative safety when contagious or communicable diseases are considered, every citizen will admit.

We are all so familiar with the inestimable benefits which have during recent years been conferred upon humanity by bacteriological discovery and demonstration, that I will not impose upon your patient indulgence by attempting to enlarge upon this subject. Were these remarks addressed to the public, the benefits accruing to them from discoveries pertaining to hygiene, purity of food, milk and water supply, etc., could be dilated upon, but this would form a subject worthy in itself of separate presentation, and beyond present intentions.

Though purposely avoiding special mention of the diseases, which, through scientific investigation, have been prominently brought to public and professional notice, I cannot refrain from asking your serious consideration of the movement and interest aroused by the universal efforts to combat the ravages of "The White Plague"—tuberculosis.

Upon the medical profession depends, to a great degree, the success of efforts to intelligently apply the modern methods of opposing and counteracting the communication of this subtle and dread scourge of humanity. It is our duty to educate the "masses," as to the contagious character of this wide-spread malady. Though greater progress has been made in the eastern provinces of the Dominion and the republic south of us, we are now taking more active interest in this modern crusade and, through the untiring efforts of the Secretary of our Provincial Board of Health, definite steps are now being taken for the establishing of a sanitarium.

The consideration of "prevention of tuberculosis" opens to view the limitless field of preventive medicine in general, a field so vast that I merely mention it, so that the intimate relations between the profession and the public may arouse the attention and interest the cause demands.

In addressing to you, as brother practitioners, these rambling remarks, seemingly with the object of enlisting your further active efforts in a cause constantly with us, I am aware that the appeal is made to a body of gentlemen who ever have been and are foremost in philanthropic work and who perform more charitable labor than all other professions combined. I trust these observations may assist

Digitized by Google

us in the more faithful discharge of duties entrusted to our care; for, being fully conscious of my inability to effectively handle a subject so replete with problems and possibilities, I feel that these remarks have fallen very far short of what the important questions demand.

Items of business and matters of public and professional import will be laid before you for discussion and consideration. Questions bearing upon education may demand your serious attention. You will be asked to consider the question of fees in life assurance examination; this is a question savoring of commercialism, but, considering the conditions which at present exist, it is imperative that we deal with it.

These and other matters may be presented, concerning which I feel confident your careful and prudent deliberations will lead to wise resolutions.

We are highly favored by having with us so many visitors and, as the program offers a list of subjects rich in educative thought, I take this opportunity of thanking you for your patient attention while listening to this prosy address and now have pleasure in presenting to you papers of much more interesting character by gentlemen prominent in the profession, not only in British Columbia, but also in the Republic of Stars and Stripes.

Hoping the subject material placed before you may evoke friendly criticism and discussion, in which I most cordially invite our guests from the South to participate, I willingly resign the future conduct of the session to your care.

Following is a list of the papers read:

Abdominal Operations for Relief of Uterine Retroversion—Dr. J. B. Eagleson, Seattle.

Ulceration of Stomach—Dr. R. C. Boyle, Vancouver.

The General Practitioner's Duty to the Insane—Dr. Chas. E. Doherty, New Westminster.

Adenoids Naso Pharyngeal, Their Treatment—Dr. J. C. Farish, Vancouver.

Some Mistakes in Diagnosis in Vascular Lesions—Dr. B. D. Gillis, Vancouver.

How to Secure Movable Artificial Eye—Dr. Ernest Hall, Victoria.

A Case of Dermatitis Herpetiformis with Exhibition of Case—Dr. F. J. Kenny, New Westminster.

The Treatment of Gonorrhea—Dr. H. E. Langis, Vancouver.

A Contribution to the Study of Raynaud's Disease—Dr. Robt. E. McKechnie, Vancouver.

The Roentgen Rays in General Practice—By Dr. H. Rundle Nelson, Victoria.

The Heart in Phthisis—Dr. A. P. Procter, Vancouver.

The Advisability of Establishing a Provincial University in British Columbia—Dr. J. M. Pearson, Vancouver.

Notes on Diphtheria and Scarlet Fever—Dr. Hermann Robertson, Victoria.

Suppurative Hepatitis—Dr. H. L. Riggs, Vancouver.

Artificial Feeding of Infants—Dr. O. Weld, Vancouver.

Suprapubic Prostatectomy—Dr. C. M. Smith, Peachland.

Calculi in the Bladder, Following Suprapubic Prostatectomy—Dr. R. Eden Walker, Westminster.

Digitized by Google

Book Reviews

Yellow Fever Prophylaxis in New Orleans, 1905, by Rubert Boyce, M. B.; F. R. S. April, 1906. Published for the Committee of the Liverpool School of Tropical Medicine by Williams and Norgate, Covent Garden, London.

In this short history of the Yellow Fever Campaign in New Orleans last year, the author has given an account of the measures which the inhabitants of that city adopted to stamp out the fever. The evidence here adduced shows in a very clear and simple manner how a large city of 330,000 inhabitants, suddenly realizing that it was face to face with a serious outbreak, determined without hesitation to put into force the most recent prophylactic measures, to rigidly exclude older methods and theories, and to proceed at once to the complete extermination of the Yellow Fever mosquito. From beginning to end it was a determined effort to rid the city of the Stegomyia pest, and to remove once for all the reproach from the port of New Orleans that it harbored the mosquito by means of which alone the disease could be propagated. The efforts were completely successful, and this interesting little pamphlet is a concise statement of the measures that were taken.

Progressive Medicine, a quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, edited by Hobart Amory Hart, M. D., professor of therapeutics and materia medica in the Jefferson Medical College, Philadelphia; assisted by H. R. M. Landis, M. D., assistant physician to the Out-Patient Medical department of the Jefferson Medical College hospital. June 1, 1906. Lea Bros. and Co., Philadelphia and New York.

The contents of this volume consist of valuable articles on Hernia by Wm. B. Coley, M. D.; Surgery of the Abdomen, exclusive of Hernia, by Edward Milton Foote, M. D.; Gynecology by John G. Clark, M. D.; Diseases of the Blood, by Alfred Stengel, M. D.; Ophthalmology by Edward Jackson, M. D.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, etc., by leading members of the Medical Profession. Edited by A. O. J. Kelly, A. M., M. D. Vol. 2, 16th series, 1906. Cloth, $2.00. Philadelphia and London: J. B. Lippincott Co.

This highly valuable publication presents a number of articles by highly trained specialists, dealing with subjects of the greatest interest to the general practitioner and the specialist as well. It should find a place on the shelf of every physician.

A Compend of Materia Medica Therapeutics and Prescription Writing, with Especial Reference to the Physiological Action of Drugs, based on the 8th revision of the U. S. Pharmacopoeia. By Samuel O. L. Potter, M. D., M. R. C. P., London. 7th edition. Philadelphia: P. Blakiston's Son & Co. 1906.

This edition has been thoroughly revised and brought into conformity with the 8th revision of the U. S. Pharmacopoeia. Twelve new articles and 43 new paragraphs on important drugs have been inserted, and 16 articles have been re-written. Brevity of statement is one of the principal features of this compend. At the same time, the essentials of the subject have been kept in view. The preparations noted under each title are those in most general use.

Digitized by Google

Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor, American Journal of Surgery, and Eli Moschcowitz, M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Editorial Associate, American Journal of Surgery. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

This little book is most novel, not only on account of the many original terse and epigramatic practical suggestions given, but its general appearance and attractive form. It claims 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

Eczema. A Consideration of its Course, Diagnosis and Treatment, Embracing many Points of Practical Importance, and containing 146 Prescriptions, illustrating Dosage in local applications. By Samuel Horton Brown, M. D., Assistant Dermatologist, Philadelphia Hospital, etc. Philadelphia: P. Blakiston's Son & Co. 1906.

All the author claims is that he has arranged the common knowledge regarding Eczema, hoping that by that means its study may be rendered more convenient than has been the case by other works extant. The physician who consults these pages will find explicit directions for the care of the case.

Uric Acid, The Chemistry, Physiology and Pathology of Uric Acid and the Physiologically Important Purin Bodies, with a discussion of the Metabolism in Gout. By Francis H. M. Crudden. Paul B. Hoeber, Medical Publisher, New York.

As the results of close study of the subject, the author some time ago came to the conclusion that rheumatic diseases and uric-acid metabolism do not, at the present time, seem to be closely related. He attacks most strenuously the contention of Haig in his work on "Uric Acid as a Factor in the Causation of Disease," which reached its sixth edition in 1903. Haig's contention is declared by our author to be unwarranted, that "uric acid really dominates the function, nutrition, and structure of the human body, to an extent which has never been dreamed of in our philosophy, and in place of affecting the structure of a few comparatively insignificant fibrous tissues in which it is found after death, it may really direct the development, life, history and final decay of every tissue." The author has made a thorough study of the pure chemistry of uric acid, and of its decomposition products, and of these purin bodies which have physiologcal importance; of the behavior of uric acid in solutions of pure water; in the solution of simple and mixed electrolytes and of organic compounds, and in the urine and blood. The results of his studies will certainly be found to be most interesting and valuable by the careful student.

Carrs' Pediatrics. The Practice of Pediatrics by Eminent Authorities. Edited by Walter Lester Carr, M.

Digitized by Google

D., Consulting Physician to the French Hospital; Visiting Physician to the Infants' and Children's Hospital, New York. In one very handsome octavo volume of 1014 pages with 199 engravings and 32 full page plates in colors and monochrome. Cloth, $6.00, net; leather, $7.00, net; half morocco, $8.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

This is one of a series of three companion volumes dealing respectively with Gynecology, Obstetrics and Pediatrics, and jointly, covering the whole domain in the light of the world's latest and best knowledge. This volume is from the pens of well known authorities in this country and England, who have been selected as peculiarly well fitted to write on the subjects assigned to them. The authors have kept in mind first, the clinical picture of each disease, and, second, the best methods for its treatment. This plan has allowed each contributor to give his own observations and the therapeutic measures which have produced the most satisfactory results. Naturally this adds to each contribution a personal element which is entitled to consideration, as the authors are, without exception, clinicians and teachers of wide experience.

In the arrangement of the volume more space than usual has been alloted to infant feeding, diseases of the alimentary tract, disorders of nutrition, respiration, and circulation, and to contagious diseases, the object being to describe the conditions most intimately associated with disease in children and not those which are more common in adult life and found but rarely in childhood. In some sections extra space has been given to methods of diagnosis which are now regarded as essential by physicians who wish to be exact in their work, but the details of which are not readily accessible elsewhere. On the other hand, mooted pathological questions have been omitted, and the pathology stated by each author is limited to what is regarded as essential for a comprehensive knowledge of the disease with which it is associated.

Under the able editorship of Dr. Carr this great fund of information has been arranged most conveniently for reference and study; over-lapping and repetition, so frequently found in composite books, has been avoided, and the volume furnishes a veritable encyclopedia of our present day knowledge in Diseases of Children, charmingly written and rich with the finest examples of the illustrator's art.

It is manifestly to the advantage of every physician to have this entire series of three volumes at hand, but the publishers, having in mind the convenience of those who are interested in one or two individual departments, have issued each volume as a separate book, complete in itself, and either volume of the series may be purchased separately.

The completing volume of this series (Peterson's Obstetrics) will be published shortly.

A Compend of Operative Gynecology. Based on lectures in the Course of Operative Gynecology on the Cadaver at the New York Post-Graduate Medical School and Hospital, delivered by William Seaman Bainbridge, M. D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital; Consulting Gynecologist, St. Mary's Hospital, Jamaica, L. I.; Consulting Gynecologist to St. Andrew's Convalescent Hospital, New York, etc., compiled with additional notes, in collaboration with Harold D. Meek-

Digitized by Google

er, M. D., 12 mo. cloth, 76 pages. Price $1.00 net. The Grafton Press, Publishers, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynecologist. All gynecological operations of merit, with their latest modifications, are described concisely, but with sufficient detail to make the work decidedly practical. A number of original points of worth in the operative technic, are embodied in the text. A distinctive feature is the chapter on Exploration of the Viscera.

A Good Chance.

A good chance for a young physician who wants a small drug store, doctor's chair, instruments and books. A new town just building up. Railroad and bridge is being built. No other drug store or doctor in place. Price reasonable. Reason for selling, doctor died and I am not a druggist. Fir further information, address Mrs. C. D. Osburn, Wilsonville, Oregon.

The Bedbug as a Transmitter of Disease.

A. A. Girault, Myrtle, Ga. (Journal A. M. A., July 14), reviews the facts so far as known regarding the agency of the bedbug in the conveyance of disease to man, and while admitting, with Nuttall that nothing has yet been definitely and experimentally proven, he holds that it is evident that the investigation has only just begun. This insect is under strong suspicion as regards relapsing fever, leprosy, bubonic plague, anthrax and tuberculosis, and the possibility of its agency in the spread of other diseases, such as diphtheria and syphilis has been prominently suggested. Coplin has found that pure cultures of the typhoid bacillus could be inoculated from infected bedbugs and Girault finds that they are apparently fully as greedy for the blood of mice, which are suspected of being the carriers of some diseases, as they are of that of man. He holds, therefore, that considerations of health and self-defense, as well as of decency and personal cleanliness bid us exercise caution against this very objectionable parasite.

Obituary.

The death of Dr. Henry C. Willison on June 12th at Port Townsend, Wash., after a long and painful illness, will be regretted by a large circle of his friends. Dr. Willison was born in Indiana in 1845, and received his medical education at Ann Arbor, after which he served for a time as interne in the Bellevue Hospital, New York. He engaged in practice thereafter in Indiana. In 1872 he came west, and two years after was appointed superintendent of the asylum at Steilacoom. At the end of a year, he went to Port Townsend, where he resided up to the time of his death. Dr. Willison was active in public work. He was a member of the constitutional convention of the territory of Washington in 1889; was a president of the state medical society, and later a member of the board of medical examiners of the state. He leaves a widow and two daughters.

One of the things we have often said but that is well worth repetition is, that the treatment of the phthisical in summer is of the utmost importance; and that Hagee's Cordial of Cod Liver Oil is the hot season's representative of the fatty oil of the winter. This is more than a pleasant stomach tonic, it is something the wise doctor does not neglect.—American Jaurnal of Clinical Medicine.

Digitized by Google

Correspondence

The Fort Stellacoom Asylum.

Dr. Henry Waldo Coe, Editor Medical Sentinel, Portland, Or.—

My Dear Doctor: Your kind letter of this date received, inquiring as to the cause or conditions that lead up to my recent removal from the superintendency of the Western Washington Hospital for the Insane at Fort Stellacoom, Washington.

While I had decided not to say anything for publication (especially through the newspapers), I realize that in justice to my friends in the medical profession throughout Oregon and Washington a plain statement of facts concerning the affairs there since the beginning of my administration is due from me.

I therefore yield to your most urgent request and in a graphic way shall go over the grounds covering the eighteen months of my administration from January 19th, 1905, to August 1st, 1906.

In the first place, the position was tendered me without my seeking, and I was given to understand by Governor Mead that he was prompted to offer me the position from his personal knowledge of my ability and fitness for it—he having known me intimately for the past fifteen years, the latter years of which time I was his family physician and closest friend.

I assumed full charge, Dr. A. H. McLeish retiring, on January 19th, 1905. Naturally, incident to the change of administration, many changes had to be made among the employes in the interest of harmony and efficiency of service. This was accomplished in the course of the first six months, and since that time I had loyalty and efficiency and the respect of every one of my employes, no inharmony or hurtful dissensions of any kind whatever within the institution.

Up to the very day of my removal, never did I have a moment's warning of what was coming. Only two days before, I, with my wife and friends from Bellingham, called socially at the Governor's residence, and the greetings were just as cordial as ever before.

Passing the whole matter in review before me now, I can think of no excuse on the part of the Governor for the treatment I have received.

He was not, from the very beginning, in harmony with the State Board of Control, and I understand antagonized them at different times on my account, which tended to make the Board opposed to me as well as to feel at logger heads with the Governor.

In addition to this, the Governor suddenly announced that marked retrenchments were needed at all of the state institutions; that in order to do this he was going to abolish the office of steward and accountant, which he did, and that this work could be done by the superintendent and his wife, notwithstanding the already onerous duties of the superintendent with nearly one thousand patients on his hands, with but one assistant physician.

Any one who knows of the responsibilities and hard work involved, well knows that his ideas in this were simply unjust in the extreme and idiotic. The medical treatment, alone, of a thousand patients, with but one assistant, was little short of a burden, to say nothing of the countless executive duties resting upon the superintendent.

I will also state that the Governor, in his insane desire to reduce ex-

Digitized by Google

penses, even denied me the services of a druggist for several months.

It is a well known fact that throughout all this country in institutions of this kind, with equal or less number of patients, the superintendent is furnished with from five to seven assistants, two matrons, two supervisors, druggist, stenographer and steward and accountant.

He did not stop here, but later demanded of the Board of Control to abolish the office of Matron, which they did, increasing thereby the already heavy burden upon the superintendent and his assistant physician.

Was it reasonable to expect the superintendent and one assistant to give the proper care and treatment to all the patients and at the same time perform the duties of the druggist, matron and steward and accountant?

It is worthy of mention just here that the Governor forced upon me a number of employes without regard to their fitness or competency, but merely to quiet the political clamor of some pin-headed politician, or to fulfill a campaign promise, holding me responsible for their inefficiency and worthlessness.

For political reasons economy has been practiced at this institution, at the expense of the unfortunate and afflicted souls within its walls.

I wish to add that the last five superintendents, and during the past five years, have met with the same fate I have, through politics.

The past history of this institution since the closing career of the brilliant and noble Dr. Philip Waughop, has been through political influence and domination an everlasting disgrace to the grand state of Washington.

Very truly yours,
E. VAN ZANDT.

Note by the Editor: It is no wonder, when one reads the foregoing letter, that the percentage of recoveries in public institutions for the insane is lamentably small. Think of the horror of the situation! One thousand invalids—sick in body and mind—and one physician and his assistant to look after them, and the principal so worried and harried by executive and other duties that he has but small time to give to the individual patients! How about the duty that the strong owe to the weak? How is that duty being fulfilled in the state of Washington? The situation, let us hope, is not as bad in other states, but it is bad enough everywhere. The politicians are clamoring for a lower per capita cost for the maintenance and care of these unfortunates, whose minds are behind a cloud. There should be at least five well trained alienists to care for the thousand patients at Fort Steilacoom, in addition to a full complement of the most efficient officers that can be procured. When will the people, in the interest of their afflicted brothers and sisters, demand that the politicians take their hands off the management of the state hospitals for the insane, and insist further that common, every-day humanity rule?

A Letter From Secretary Miller.

Portland, Ore., July 19, 1906.

Editor Medical Sentinel—Dear Sir: In the July number of the Medical Sentinel you have a clipping from the American Journal of Clinical Medicine referring to "a doctor residing in Oregon," giving his opinion of reciprocity. The doctor referred to, whose name is not given, has a grievance which he wishes to place before the medical profession and the public in general. The person referred to has

Digitized by Google

written other letters—one to Gov. Chamberlain, in which he states that at the last examination which he took before this board he received 75 per cent in nearly all the branches, when in fact, he received 75 per cent in three branches only, and had he been marked in those branches upon his merit, he would not have received near that marking. In one branch he received nothing, and in three branches 3 per cent, and in those that are practical his percentage was very low, which merely shows that as a board we could not license him to practice in this state after examination. If doctors of his age who have not the ability to pass the requirements of the state boards are to be admitted otherwise, that is for others than the board to determine.

Commenting upon this article, your writer says: "All this is very interesting, and the discussion is timely, but there are some things that are puzzling, and appear incongruous. While doctors from other states are claiming that they cannnot pass examinations that will permit them to practice in Oregon, Oregon doctors claim that the examinations here and the laws governing them are so poor that no other state will permit reciprocal relations with us."

I have been incorrectly reported in a daily of this city of having recently said that persons without qualifications pass this board, and for that reason other states refuse to reciprocate with us, which is not true. What I did say was this: The requirements for admission to the examinations in this state are such that, in my opinion, some of the states have refused to reciprocate with us. In most states the law requires a person to have a diploma from a medical college in good standing before being admitted to the examination for license. The Oregon law makes any person eligible to take the examination. The standard of the examinations of the Oregon board are equal to any others, and those who are qualified have no difficulty in passing the board.

I am very truly,

BYRON E. MILLER,
Secretary.

The Mastoid Operation.

F. Allport, Chicago (Journal A. M. A., July 14), points out the marked advances that have been made in mastoid surgery during the last quarter century, the outcome being the radical operation as now practiced. The main part of his article is devoted to tne description of the surgical anatomy of the parts involved, the guides to the antrum, the necessity of exposing the mastoid cells, the variations of the mastoid process in infancy, the relations of the sinuses, the middle-ear organs, and the facial nerve, etc., to the operative procedures in mastoid disease. The safest route for reaching the antrum, he states, is from just back of Henle's spine, below the posterior extension of the zygomatic process and a little below the superior wall of the meatus, and proceeding inward and forward and on a line with the course of the external auditory meatus, keeping as close to it as possible, and below the zygomatic extension, until the antrum is reached. The dangers from malposition of the sinuses, necrotic conditions, etc., are fully discussed, and the ways of avoiding them described. The article is illustrated.

Digitized by Google

Extracts

Premature Announcements of Medical Discoveries.

It used to be urged as a reproach to scientific medicine that it surrounded itself with mystery and refused to take the public into its confidence, working behind closed doors and jealously guarding its secrets from the laity. And pity 'tis that in these latter days such a reproach can no longer be made. Now the consumption cures and the cancer cures are published to the world in the lay press before they are definitely formulated in the minds of their discoverers, and long before they have been put to the test of actual experience. It is impossible to calculate the misery of disillusion that followed the false hopes created by the premature publication of the tuberculin discovery. The wretched failures of the early experiments with this substance not only dashed the hopes of thousands of the tuberculous, but threw discredit upon scientific medicine, and brought a really valuable remedy into such disrepute that it was years before its subordinate but definite position as a therapeutic measure was established. We hope that the recent publication of an alleged cure for cancer will not have an equally sad and deplorable outcome.

In McClure's Magazine for August is an enthusiastic account of the value of trypsin injections in the treatment of this disease. The author, Dr. C. W. Saleeby, describes the researches made by Beard of Edinburgh which led him to the employment of this remedy, and on the strength of two inconclusive experiments on mice and two incomplete trials of trypsin injections in man, proclaims that at last a definite cancer cure has been found. "The giving of the widest and most immediate publicity to these facts," he says in conclusion, "seems to be a proceeding from which it would be cruel and cowardly to refrain." And what are the facts which it would be cruel and cowardly longer to keep from a suffering world? Two cases are reported, in neither of which an absolute disappearance of the tumor has occurred, and in one of which it is acknowledged that the patient is yet in danger of his life, "by reason of the poisonous action of the disintegration products of the growth;" and two cases of Jensen mouse tumor are related, in neither of which had the tumor disappeared when one animal died and the other was killed, but was only in process of "degeneration." A report such as this might be published in a professional journal, with an apology from the author for the paucity of his cases, without great harm, for it would stimulate to a trial of the remedy by others, and so lead to the collection of sufficient data upon which to base an intelligent opinion of the value of the treatment. The medical reader, knowing the uncertainties of diagnosis, and familiar with the erratic course of malignant growths, would accept the report with reserve and await the results of further experimentation before abandoning the knife and committing his patients to the peril of an untried, or at least unproved, remedy. But the layman who had been told that a cancerous tumor had been seen to melt away under the influence of trypsin injections would naturally believe that an absolute remedy had been discovered, and would refuse the knife in his own case, possibly and probably with fatal result.

It may be that in trypsin a true remedy for malignant disease has been discovered, and the cases of Beard

Digitized by Google

and of Shaw-Mackenzie, as related in the latter's work on cancer, raise the hope that this may be true; but these cases are by no means conclusive, and merely offer encouragement for further trials. When, as Gaylord said in his paper read before the Medical Society of the County of Kings, reported in another column of this journal, a spontaneous cure of cancer in mice took place in 22 per cent of his laboratory cases, it is unpardonable to announce to the world that trypsin is a certain cure for the disease, because in two mice which had received the injections the tumors were found in a condition of regression, even when this evidence is strengthened by two unconvincing cases in man. Even in the happy event of the discovery of an actual cure for cancer, the premature announcement of the fact in a lay magazine, before the remedy has become familiar to the profession and the proper method of its application has been established, must be deplored. At the best it exposes the remedy to the fate of tuberculin, and at the worst it raises false hopes in the minds of many sufferers from operable cancer which will lead them to reject the surgical measures which are as yet the only ones which the conscientious physician can advise.—Medical Record.

Treatment of Insanity in General Hospitals.

D. R. Brower, Chicago (Journal A. M. A., July 14), for thirty years has been treating selected cases of insanity in the wards of general hospitals, with success sufficient to justify him in urging this plan on the profession generally. The method used is substantially that known as the Weir Mitchell rest cure, and the cases specially amenable to this treatment are the autotoxic and exhaustional ones. For the progressively degenerative types the only proper place is the special hospital for the insane. The rest cure should be followed by judicious exercise, congenial occupation, etc. Details of the treatment are given.

Negri Bodies in Hydrophobia.

D. J. Davis, Chicago (Journal A. M. A., July 14), describes these bodies discovered by Negri in 1903, and since found to be almost universally present in the protoplasm of the nerve cells and occasionally in the nerve processes of rabid animals, man included. The percentage of cases in which they are not found is very small, and he thinks that with more experience and improved staining methods it may be made still smaller. The sizes vary from quite large to almost ultramicroscopic, and the fact that the virus passes through the Berkefield filter. No. 5 does not exclude these bodies from being etiologically associated with the disease, as an ultramicroscopic stage of the organism may exist, as Volpino has held. They are usually oval or round, and have a distinct ring-like or rosette internal structure, though the smaller ones are generally homogeneous. They are strongly eosinophilic, but by proper staining, basic staining granules are seen which are different from the ring-like structures. For fixing the tissues Zenker's fluid is best, but sublimate has also been recommended. Alcohol and formalin are unsuitable. Any of the ordinary stains, such as hematoxylin or eosin bring the bodies out distinctly. Details of various methods that have been recommended are given. Davis points out their value in the diagnosis of rabies; they should always be sought for, the Nelis-van Gehuchten reaction of the

Digitized by Google

proliferation of endothelial cells in ganglion cell capsules being also incidentally looked for. The test has several advantages over that by inoculation; it is quicker, is fully as reliable, and is longer available after putrefaction has set in. The ability to make the diagnosis accurately within a very short time is by itself sufficiently important. Little is known as yet of the true nature of these bodies, whether they are protozoa, as Negri held, or not. If they are degeneration products they are different from any that are so far known. They are specific for rabies and hence of importance as diagnostic structures.

Staining Methods for Eye Bacteria.

E. S. Thomson, New York (Journal A. M. A., July 14), describes the staining methods used for eye bacteria employed at the Manhattan Eye, Ear and Throat Hospital. Film preparations from fresh conjunctional discharge represent the most of their work, and he cautions against any roughness in transferring the film that might derange the relations of cells and bacteria. Loeffler's methylene blue is the stain most employed—30 parts to 100 parts of a 1 to 1,000 aqueous solution of caustic potash. Counterstaining with eosinate of methylene blue is also used to advantage to bring out details, and Gram's method of decolorizing is of value for diagnostic purposes. The principal germs, the gonococcus, the Koch-Weeks bacillus, the diplococcus of meningitis, the Morax-Avenfeld bacillus, the xerosis bacillus, the pneumococcus, etc., together with the staphylococci, streptococci, etc., are mentioned as the principal eye bacteria and their staining peculiarities are noted. Scrapings and tissue preparations are also of advantage in certain cases. The latter are advised in cases of suspected tuberculosis for which the well-known carbol fuchsin method can be employed, or in certain cases the toluidin or Unna's method can be used, both of which are described.

Independent Medical Journals.

You can't wipe out the independent journal without getting the permission of the independent editor and the independent doctor, its reader. There will be things for him to say—wrongs to right, excesses to be abated, injustice to be fought, reforms to be advocated—till medical science has been swept off the footstool by the triumphant dominion of the millennium.

And—we have something to say ourselves. So long as we believe that medicine still falls short of the high ideals that are hers, of the possibilities in the healing and relief of the sick which are within her reach, we shall fight, Fight, FIGHT—for a truer and a better therapy, one which shall deserve the confidence of every doctor and which will eventually come to its own—is coming to its own right now. —American Journal of Clinical Medicine.

Convergent Squint.

E. Jackson, Denver (Journal A. M. A., July 14), gives the later result in the case of a patient with convergent strabismus, who was operated on according to the method previously described by him (The Journal A. M. A., Aug. 19, 1905) of dividing the insertion of the internus and the nasal half of the insertions of the superior and inferior recti after previous stretching, five years before. The patient has not used glasses for nearly a year; vision is R. 4-12 mostly, L. 4-2, neither improved by glasses. The muscle tests show complete orthophoria at distance with exophoria, 8

Digitized by Google

centrads, at 12 inches. She is given R. and L. plus 0.75 sph., with prism 1.5 centrads, base in, for near-work. The case, he says, illustrates the permanence of the results obtained by extended tenotomy. The primary adductor and abductor, the internus and externus, tend to equilibrium with the eye directed forward. The secondary adductors (the superior and inferior recti) and the secondary abductors (the obliques) tend to turn the eye ever more strongly in or out. A rational operation to correct excessive convergence must tend to lessen the relative influence of the secondary adductors."

Development of the Urachus.

Certain anomalies in the development of the urachus are discussed by J. F. Binnie, Kansas City (Journal A. M. A., July 14), and the pathologic possibilities from its imperfect closure are noted. In sixteen adult cadavers examined and in seven featuses, a diverticulum, from one to two centimeters deep, was observed at the fundus attachment of the urachus to the bladder in seven of the adults and in six of the fetuses. In one adult there was a slight projection instead of a diverticulum, and in another the urachus was not adherent to the abdominal wall, but lay between loops of small intestine. A number of the published cases of urachal fistula and cyst are reviewed, as well as certain cases classed as cysts of the urachus by Lawson Tait, but which Binnie considers to be more properly cases of encysted peritonitis, some of them, at least, of tuberculous origin.

Locating Fistulae.

H. A. Royster, Raleigh, N. C. (Journal A. M. A., July 14), reports a case of fistula following celiotomy, the opening of which into the bowel could not be satisfactorily located on account of dense matted adhesions. All attempts to find the hole in the bowel were fruitless until at last, at the second operation for the purpose of closing it, he had the nurse pass a long rubber catheter up the rectum, and with the abdomen still open, he injected an ounce of hydrogen dioxid. As soon as this substance reached the sigmoid there was an effervesence, indicating the location of the fistula, which was grasped with forceps and closed with successful and permanent result. Excepting a somewhat similar operation, but differing in some respects, reported by Senn, he has not found any mention of this method of locating fistula on record.

Tuberculosis.

The American Government has taken strong ground in aid of Preventive Legislation in the conflict with tuberculosis.

The American International Congress on Tuberculosis has decided to make a renewal of the assault along the same lines, on which it won its victories at the St. Louis Congress, held at the World's Exposition, in October, 1904.

Hon. Elihu Root brings the splendid sympathetic power of the Great Republic of the world's civilization in support of the aims and purposes of the American International Congress on Tuberculosis, to be held in the American Metropolis, November 14th, 15th and 16th, 1906.

Mr. Root, on June 5, 1906, six months before the International Congress assembles, advises the Treasurer of the Congress:

"I have to inform you that on May 31st instructions were sent to American Diplomatic officers in American States to support the invitation ex-

Digitized by Google

tended by the American International Congress to send delegates to its meeting in November next.

"In compliance with your request, the invitations sent by Mr. Hay concerning the meeting of the Congress, at St. Louis, was embodied in the instructions sent on the 31st ultimo. I enclose a copy of them."

The American Secretary of State adds to this announcement the following statement:

"On the same day the American Diplomatic Representatives in Great Britain, France, Denmark and the Netherlands, were directed to support the invitation to their respective Colonial possessions to be represented at the Congress."

Mr. Root shows great foresight, wisdom and statesmanship in placing the whole moral force of our Government behind the great purpose of the American International Congress on Tuberculosis.

He has used the same splendidly sympathetic language in bringing it to the official notice of all the Governments in the Western Hemisphere, through our Diplomatic corps, that Mr. Secretary Hay employed in recommending the St. Louis Congress to Foreign Governments.

Mr. Root is making history for both our Government and for our people. The language employed is worthy of the cause, worthy of the occasion. Mr. Secretary Root says:

In instructing the diplomatic officers to give their support to a similar invitation extended by the Congress for their St. Louis meeting, in 1904, my predecessor, Mr. Hay, said:

"The humanitarian object which this Congress has in view—to reach by the discussion of scientific men, some result in arresting the spread and averting, so far as it may be found possible, the ravages of this dreadful disease, which now falls with such terrible force and fatality upon the people of the Western Hemisphere—cannot but enlist the sympathy and approval of the Government to which you are accredited.

"The Department will, therefore, be pleased to have you say to that Government that this Government is in entire sympathy with the work of the proposed Congress, and would be pleased to learn that the Government of ..... took a like interest in its success by the acceptance of the committee's invitation and the appointment of three or more scientific gentlemen to represent it at the Congress.

"This Government would also be pleased if that of ..... could find it convenient to comply with the request of the committee to give the matter publicity, in order that it may come to the knowledge of interested organizations and public spirited citizens of that country."

The department will be pleased to have you present the matter of the New York meeting in the same light.

The battle cry of the Congress is Preventive Legislation Against Tuberculosis—To arrest, to avert, to minimize the spread of Consumption, is the battle ground.

The call of the Congress is to the masses of the people, to the men of all professions, the statesman, the publicist, the humanitarian.

It is not a medical question, not confined to medical men, but the call is to all men of all professions, and to the gigantic proportions of the conflict, and the magnitude of the problems, which now confronts the health and the safety of that great, that enormous mass of human lives that have been yearly sacrificed to the ravages of this dreadful disease. —Medico-Legal Journal.

Nineteen More Oregon Doctors.

Out of 44 applicants examined by the State Board of Medical Examiners July 11-13, inclusive, only 19 passed. Those who qualified can now secure a license to practice medicine and surgery in Oregon. The next examination by the board will be held Jan-

Digitized by Google

uary 1 of next year. The list of successful ones is as follows: C. E. Bower, E. Desmond, B. H. Foreman, G. W. Hill, J. H. Hubbard, E. C. McKibben, F. Moormeister, K. D. Panton, W. B. Pickwell, J. S. Rankin, F. W. Rinkenberger, D. Robinson, T. W. Ross, J. J. Sarazin, F. J. Sladen, C. D. Sewall, R. F. Swick, C. A. Warhawk and F. J. Zeigler.

East African Diseases.

At Mombasa, in British East Africa, nearly all tropical diseases are to be met, but the bulk of the cases treated are of ankylostomiasis, leg ulcer and malaria. The natives are beginning to be extensively affected with pulmonary tuberculosis, but have thus far apparently escaped the localized forms of the disease. Leprosy, elephantiasis and beriberi are not common, but are occasionally seen; malaria is frequent; carcinoma is unknown in the blacks. Syphilis and gonorrhea are frightfully prevalent, the former tending to be severe. Blackwater fever and relapsing (tick) fever are frequently seen. Dysentery is not frequent, and usually yields to high injections of some mild safe antiseptic. Constipation is a common ailment and laxatives are much in demand among the natives. Appendicitis has never been observed here in the blacks, and they do not suffer from calculi or prostatic hypertrophy. Dr. Senn criticises the inadequate hospital facilities, which, he says, is too often the case in the British colonies and dependencies. On the other hand, he speaks highly of the conditions as seen by him at Tanga in German East Africa, where the disease conditions are very similar as regards the prevailing disorders.

A New Nasal Suppository.

E. Baum, Baltimore (Journal A. M. A., June 30), describes and illustrates a nasal suppository devised by him, conforming in shape to the nasal cavity and capable of being used in a soluble and an insoluble form for the application of drugs to the nasal mucosa or to serve as a surgical splint. He enumerates its advantages in detail; its ease of application, its protective effects and its advantages for medicated applications to the mucosa. Formulas for its composition in the treatment of catarrhal conditions and acute coryza are given.

Veronal Poisoning.

J. Germann, Brooklyn, N. Y. (Journal A. M. A., June 30), reports the case of a young man, aged 22, who died after having been 79 hours in a state of deep coma with gradual steady rise of temperature from normal up to 108.4 just before death. The respiration was quickened, the pulse regular and of good quality till the last few hours. Cyanosis appeared in the last 24 hours and albumen appeared in the urine. The postmortem showed marked congestion of the brain and all the organs, but only slight edema of the brain. The blood was chocolate colored. It appeared from the statements of the family that the young man had suffered from insomnia and asked a physician to prescribe veronal for him. The physician, it is said, was unfamiliar with the drug and asked how to spell the name, but notwithstanding this gave the order for a bottle of 5-grain tablets of veronal (Merck). The druggist not having the full amount, gave the young man

Digitized by Google

50 tablets, a large number of which he is supposed to have taken, though the dose was given as two tablets at bedtime. The only remedy in such a case, Germann thinks, is washing the stomach thoroughly if the case is seen within two or three hours after ingestion of the drug.

A "Country Doctor."

One day brought us as a visitor a big fellow from the hills of Montana, a man who often drives forty-five miles to see a patient, and drives back the same team on the same day, returning them to his stable undistressed and ready to go out on the road again the next morning. But don't imagine for a moment that our friend from the back country is in the slightest degree a back number. Instead of "reeking of the barnyard" he "reeks" mentally of the laboratory; tells us of the results of his use of the violet ray, and his laboratory examinations of mountain fever; of the proportion of cases of diphtheria occurring with him which present the Klebs-Loeffler bacillus; and how many of his typhoids afford the Widal reaction. He is also well up in the application of the serums, and asks pertinently what differences exist between a number of the modern organic compounds and nuclein. He knows of the practical applications of lecithin, is adept in the use of the alkaloids and a master of the cardinal principle of therapeutics presented by the intestinal antiseptic method. — American Journal of Clinical.

The Brake Fetish.

Brakes are useful on the wagon—but no brake ever moved it an inch. No wagon ever earned a copper standing still in a bog. Because the brakes once saved us from running down hill to destruction is no reason for our unhitching the team and sitting for the rest of our lives in the wagon silently worshipping the brakes. Good as is the brake, the hold back, better by far is the head-long career that at least carries us on, if we have to choose but one of them. But we don't. We appreciate at its full value the brake—but we rely on the team that pulls, the engine that boosts, and the automobile, the very embodiment of action itself.—American Journal of Clinical Medicine.

Rise of the Modern Abattoir.

Physicians of age and experience everywhere will bear out the statement that cases of illness resulting from the consumption of tainted or unwholesome animal food were far more numerous before the era of the large packing houses, with their refrigerating systems, than at the present time. So frightful were the evils resulting from the prevalence in European towns and cities of innumerable small slaughterhouses that they have been almost universally abolished by law, to be replaced by large public abattoirs of model construction and appointments, in which every process and every detail comes under the most rigid and expert scientific supervision by the authorities. This has gone hand-in-hand with analogous movements in the direction of great public market-houses, where all sorts of food products come under inspection and—most important of all—with the movement for thorough-going inspection and control of the milk-supply. The result has been the saving of the lives of millions of infants and small children, and the marked decline of the average yearly death rate. Conditions in this country are so dif-

Digitized by Google

ferent from those of Europe that the municipal abattoir system would not have met our needs, but the tendency is similar. The meat-packing business had grown up as a great interstate industry, with its agencies and branches and its refrigerator plants in every important city or town in the whole country. Thus, the local slaughter-houses for the most part disappeared, through the pressure of a superior kind of competition. There may prove yet to be some field in this country for the public abattoir. But while that question may come under discussion, we have an immediate duty, and very obvious one. We must adopt and apply the most rigid sort of inspection, in the existing packing houses, to the animal products that are distributed as food, and that enter into what is known as interstate commerce. The individual States and the municipal governments will meanwhile, in so far as they are able and enlightened, apply similar methods of inspection to the meat-supplies that do not cross the boundaries of the State and therefore do not come within the sphere of the national government's power to regulate.—From "The Progress of the World," in the American Monthly Review of Reviews for July.

Mounting Museum Specimens.

E. Albert, Iowa City, Iowa (Journal A. M. A., June 30), describes his method of mounting pathologic specimens in glycerin jelly. Like Dr. W. M. L. Coplin, he uses the ordinary Petri dishes, but he also adds stained microscopic sections of the tissues in the same Petri dish so that by placing the Petri dish on the stage of a microscope, the histologic features corresponding to the gross characteristics of the specimen can readily be compared. The section, mounted between cover glasses, is attached to the under side of the cover of the Petri dish, at one side. If the cover is perfectly clear, as it should be, the section may be mounted directly on its inner surface with only the lower cover glass. An excess of glycerin jelly is used so that when the cover is pressed down a little is squeezed out. After hardening is complete this excess is trimmed away and scraped out and the whole sealed securely with gauze and paraffin. The article is illustrated.

Observation IV.

"Mr. J. D., aged 23, unmarried, has had syphilis, and two years ago a severe bronchitis. Since the pulmonary affection has coughed continuously and expectorated a good deal. He is somewhat emaciated, nervous, has a high pulse, some fever, 101 degrees F., and night sweats. Bacilli were found in the sputum.

"Physical examination revealed areas of congestion at the upper part of both lungs, and there were also some throat lesions, evidently syphilitic in origin.

"Besides local applications to his throat, he was given constitutional treatment, and Glyco-Heroin (Smith) in teaspoonful doses every three hours with the gratifying results that his cough was greatly relieved and expectoration greatly diminished, the fever and night-sweats left him, he grew stronger and became less nervous, and put on some flesh.

"The syphilitic lesions were quite persistent, but are much better, and with their disappearance the cough will probably leave him, as the pulmonary symptoms have entirely disappeared.

Digitized by Google

Personal

Oregon.

Dr. A. E. Teasdale-Buckell has located at Shaniko.

Dr. O. W. Bean, of Salem, was a Portland caller last month.

Dr. W. H. Davis, of Albany, was a Portland visitor during July.

Dr. R. C. Kelsey has moved from Grants Pass to Gold Hill.

Dr. H. A. Dedman, of Canby, has been elected school director.

Dr. Chilton, of Canyon City, had an outing trip in the mountains.

Dr. W. G. Cole, of Pendleton, was in Portland a few days ago.

Dr. and Mrs. Tilzer were visitors on friends last month at Astoria.

Dr. Chas. E. Geiger, while wielding a scythe, cut his hand badly.

Dr. J. W. Turner, of Ransom, spent some time last month at Salem.

Dr. Thomas R. Monk, of Summerville, was in La Grande last month.

Dr. J. S. Bishop, of Forest Grove, was a visitor in Portland last month.

Dr. George Wall, formerly of Cottage Grove, has located at Eugene.

Dr. W. H. Dale, of Harrisburg, was in Albany last month on business.

Dr. Everett Mingus, of Marshfield, visited friends in Medford, last month.

Dr. and Mrs. E. B. Rentz, of Forest Grove, are visiting in Eastern states.

Dr. W. H. Flanagan, of Grants Pass, and family were in Portland recently.

Dr. J. A. Richardson, of Salem, is an enthusiastic gardener and fruit grower.

Dr. E. D. Stanecamp, of Granite, called in his Baker City friends last month.

Dr. J. M. Short, of Gresham, was a visitor at Antelope and Prineville last month.

Dr. and Mrs. W. A. Trimble, of Albany, were in Portland early this month.

Dr. C. E. Kennedy has rented offices in Arlington, and will live there in future.

Dr. Wm. J. May has moved from Baker City to his Sanitarium at Haines.

Dr. R. E. L. Steiner, of Klamath Falls, spent a few days last month in Salem.

Dr. F. W. Vincent, of Pendleton, spent the hot weather at Bingham Springs.

Dr. Harry McKay has returned from a hunting trip in the Tillamook country.

Dr. Joseph Myers, of Albany, has moved his offices into more spacious quarters.

Dr. Everett Mingus, of Marshfield, enjoyed a week of the heated term at the lakes.

Dr. and Mrs. Mingus, of Marshfield, spent some of the warm weather at the Nook.

Dr. T. C. Dutro, of Hood River, has moved his office into more commodious quarters.

Dr. Chas. E. Bogue, of Myrtle Creek, is making some improvements to his home property.

Dr. W. S. Jones and Dr. E. B. Pickel, of Medford, have each purchased a new automobile.

Dr. J. A. Geisendorffer, of The Dalles, went to Lyle last month on professional business.

Digitized by Google

Dr. George Wall, formerly of Cottage Grove, is now nicely located in new offices in Eugene.

Dr. and Mrs. H. S. Garfield, of Pendleton, are now on a camping trip in the Blue mountains.

Dr. and Mrs. J. W. Robinson, of Jacksonville, attended the Chatauqua at Ashland, last month.

Dr. and Mrs. E. H. Thornton, of Portland, have taken a cottage at Seaside for the summer.

Dr. E. B. Pickel, if Medford, was called to Portland to testify in one of the land fraud trials.

Dr. C. T. Hockett has been having an enjoyable time during the summer at his camp near Yoncalla.

Dr. W. W. Allen, of Jefferson, has purchased the practice of Dr. W. C. Hawk, also of Jefferson.

Dr. W. B. Morse, of Salem, and party took a pleasant automobile trip last month to Cascadia.

Dr. and Mrs. J. H. Brewer, of Salem, spent some time during the heated spell at Nye Creek.

Dr. and Mrs. W. L. Cameron, of Medford, have recently visited the doctor's parents in Applegate.

Dr. and Mrs. F. W. Vincent, of Pendleton, had a pleasant outing at Bingham Springs last month.

Dr. W. E. Carll, of Oregon City, called on his Hillsboro friends the latter part of last month.

Dr. J. P. Wallace, of Albany, and family have spent some time at Newport during the hot weather.

Dr. John D. Shaw, of the Hospital for the Insane at Salem, has gone into the mountains for a vacation.

Dr. O. M. Dodson, of Baker City, went on a hunting trip with some friends to the little Malheur.

Dr. C. T. Hockett and family, of Cottage Grove, spent their vacation in a camp six miles from Yoncalla.

Dr. J. H. Stolper, late of San Francisco, will, it is stated, commence to practice meidcine at The Dalles.

Dr. O. D. Butler, of Independence, went with some friends last month on a hunting trip in the Alsea country.

Dr. W. G. Cole, of Pendleton, is being congratulated by the newspapers on his election to the state senate.

Dr. W. B. McDaniel, of Baker City, attenled the meeting of the Grand Lodge of Elks at Denver last month.

Dr. George Coghill, of Forest Grove, has accepted the chair of biology and neurology in the Willamette University.

Dr. George H. Merryman, of Klamath Falls, has been elected a member of the legislature from the 21st district.

Dr. T. K. Johnson, of Eugene, went on a trout fishing excursion last month, and met with plenty of success.

Dr. J. T. McCormac and family, of Marshfield, spent some time last month in the cool shades of the Coos river.

Dr. E. E. Cable and wife, of Portland, visited last month at Brownville. They also spent some time at Foley Springs.

Dr. J. P. Powell, of Gresham, is still suffering from the after effects of a kick from a colt that he had on his leg, when a boy.

Dr. J. A. Geisendorffer, of The Dalles, has purchased the Bettinger

Digitized by Google

homestead, intending to convert it into a hospital.

Dr. A. A. Leonard, of Silverton, has a delightful country home in the mountains in Yamhill county, where he has a large stock farm.

Dr. E. M. Anderson, of Sumpter, was on Murderer's Creek last month, inspecting some copper properties in which he is interested.

Dr. D. C. Lazier, formerly of Condon, but now of Vancouver, B. C., visited his old town a few days ago, and his friends are urging him to return to Oregon.

Dr. E. B. Rentz, of Forest Grove, has gone to Colorado for a three months trip. Failing health compelled him to take a complete rest from work.

Dr. C. P. Devore, of Drain, was injured last month by a falling porch on which he was standing, but beyond a few bruises he was not the worse for the incident.

Dr. D. J. McFaul, of Pendleton, is now the secretary of the county board of health. He succeeds Dr. Cole in that position. Dr. Cole will continue to be county physician.

Dr. Frank M. Taylor, of Portland, was married on July 3d to Miss Nettie Greer. The wedding tour was taken in California, and the happy couple have returned to Portland.

Dr. A. K. Higgs, of Heppner, has gone on a visit to various medical institutions in Europe, leaving his family in Texas, where they lived prior to their coming to Oregon.

Dr. Charles W. Cornelius, of Portland has retired from practice. He has practiced in Portland for over sixteen years. He is reported to have decided to farm for the rest of his life.

Dr. J. S. Herndon, of Ashland, had an attack of heart failure early last month, and fell into the river near where he was sitting at the time. He was rescued and soon recovered from the attack.

Dr. E. DeWitt Connell, of Portland, has recently returned from Europe, where he visited the clinics of Vienna, Frieburg, Heidelberg, Utrecht and London. The doctor was also a delegate from Oregon to the International Medical Congress at Lisbon.

Dr. Alex Reid, who lived at Ione for six years and was mayor of that city for four years, has moved to Portland and opened offices at Williams avenue and Russell streets. The doctor is building himself a beautiful home on a quarter block in Walnut Park, Portland.

Dr. W. R. Bauten, of Melbourne, Australia, a classmate of Dr. Osmon Royal, has been visiting in Portland recently. Dr. Bauten has built a $300,000 hospital at Melbourne, and has a very large surgical practice. He is American Deputy Consul-General at Melbourne.

Washington.

Dr. S. B. Nelson, of Pullman, was in Walla Walla last month.

Dr. France, of Seattle, was a visitor at Davenport the 15th of July.

Dr. James F. Hall, of Albion, made a call during July at Pullman.

Dr. B. L. Baker, of Everett, made a call in North Yakima last month.

Dr. I. N. Power, of Cle Elum, made a brief visit to Roslyn during June.

Dr. G. P. Kuykendall, of Pomeroy, visited in Walla Walla, last month.

Dr. A. D. Snyder, of Miles, Wash., was a visitor at Spokane on July 28.

Digitized by Google

Dr. and Mrs. John Benson, of Colfax, were recent visitors in Coeur d'Alene.

Dr. Eugene Hamley, of Sprague, was in Spokane during the month, with his wife.

Dr. Chas. H. Russell, of Pullman, visited relatives at Coeur d'Alene last month.

Dr. and Mrs. C. P. Richards, of Almira, had a fine camping trip to Lake Chelan.

Dr. J. T. Phillips, of Newport, was in Spokane on professional business recently.

Dr. Geo. W. Biggers, of LaGrande, Ore., was a visitor at Walla Walla, last month.

Dr. G. J. Hill and family, of North Yakima, spent their holiday season at North Beach.

Dr. H. J. Emery, of Spokane, has returned from an extensive trip in eastern states.

Dr. and Mrs. Carver, of North Yakima, enjoyed an outing last month at Lake Kaches.

Dr. W. G. Alban, of Walla Walla, who recently died, left all his property to his widow.

Dr. Thomas Steagall, of Ellensburg, has moved his office into more commodious quarters.

Dr. W. W. Potter and wife, of Spokane, were visitors last month with friends at Davenport.

Dr. L. J. Coberly, of Garfield, attended the meeting of physicians at Palouse last month.

Dr. B. D. Henry, of Endicott, spent a few days at Spokane last month on professional business.

Dr. F. C. Robinson, of Walla Walla, joined in the search for a lost child in the Toll Gate region.

Dr. Harvey J. Feich, of Ellensburg, had a pleasant week's outing in the hills with a party of friends.

Dr. A. E. Braden, of Walla Walla, spent a few days of last month in camp in the Toll Gate region.

Dr. A. E. Braden has been elected city physician of Walla Walla. He defeated Dr. Bert Thomas by two votes.

Dr. Carlton Bacon, of LaGrande, Ore., spent a few days visiting in Walla Walla the middle of last month.

Dr. W. H. G. Moore, of Davenport, went to Spokane last month with a patient, whom he placed in the hospital.

Dr. O. L. Adams has moved to Sprague and associated himself with Dr. Hamley in the management of his hospital.

Dr. J. Wilson Mitchell, of Seattle, was married last month at Victoria, B. C., to Miss Mary V. De Ling, of Michigan.

Dr. and Mrs. Y. J. Acton, of Bremerton, spent a two weeks trip at the foot of Mt. Rainier, and had an enjoyable time.

Dr. Arthur P. Calhoun has been appointed superintendent of the Steilacoom asylum. Dr. Calhoun is a native of Washington.

Dr. Henry B. Luhn, of Spokane, has resigned as a member of the Amateur Athletic Club, owing to the demands of his profession.

Dr. J. B. Robertson, if Indiana, has moved to Pullman and purchased the practice of Dr. Harris, who will probably move to Seattle.

Dr. H. Josephine Whitney, of Davenport, took five patients during the month of July to St. Luke's Hospital, Spokane, for operations.

Digitized by Google

Dr. A. E. Stuht, of Colfax, last month attended the meeting of the board of medical examiners, of which he is a member, at Tacoma.

Dr. S. F. Sargentich, of Tacoma, was reported last month as negotiating for some property in Douglas, Alaska, on which to erect a hospital.

Dr. George W. Hoxey, of Leavenworth, has been working too hard, and last month went with some friends into the mountains to fish and hunt.

Dr. Bert Thomas, of Walla Walla, has been appointed medical examiner for the twelfth United States Civil Service district, with headquarters at Walla Walla.

Dr. H. S. Martin, of Spokane, is visiting in several eastern states. He attended the meeting of the British Medical Society at Toronto on the 20th ult, and expects to return home about September 1st.

Idaho.

Dr. Hugh France, of Wardner, is dipping into politics.

Dr. J. L. Conant, of Genesee, was in Weiser, last month.

Dr. W. K. Jameson, of Moscow, went to Troy last month.

Dr. J. H. Ragsdale is a new doctor who has located at Leland.

Dr. L. J. Perkins, of Lewiston, was in Agatha last month on business.

Dr. F. D. Watts, of Coeur d'Alene, visited in Weston, Ore., last month.

Dr. A. F. Isham, of Caldwell, was in Boise a couple of days last month.

Dr. George Gagnard, of Lookout, spent some days last month in Lewiston.

Dr. C. C. Phillips, of Lewiston, spent part of the heated term at the coast.

Dr. L. J. Perkins, of Lewiston, left last month for an extended visit in Iowa.

Dr. Thomas W. Nickel, of Grangeville, made a short trip to Ferdinand last month.

Dr. Frank L. Hinkley, of Lewiston, spent part of the heated season in Grangeville.

Dr. B. W. Mather, of .Mountain Home, called on his Boise friends one day last month.

Dr. F. L. Hinkly, of Moscow, was in Grangeville recently looking up a location for a summer outing.

Dr. James Herrington, of Gifford, drove to Kippen and Culdesac last month on professional business.

Dr. W. W. Webb, of Coeur d'Alene, was at Princeton last month, looking after the health of the railroad workers.

Dr. W. C. Maxey and wife, of Caldwell, Idaho, were in Portland a few days ago., on their way to visit their son, W. W. Maxey, at Aberdeen, Wash. Incidentally they took a bath in old Pacific ocean, ate clams and had a good time with the G. A. R. boys at Westport.

British Columbia.

Dr. Hugh G. Williams, of Vernon, visited in Victoria last month.

Dr. A. A. McRae, of Victoria, made a business trip to Vancouver during July.

Montana.

Dr. E. I. Bradley put in some of the heated term fishing on he Madison river with friends.

Digitized by Google

MEDICAL SENTINEL

SEPTEMBER
1906

Volume XIV **Number 9**

Notes

During the month of July fourteen cases of typhoid fever were reported in the city of North Yakima, Wash.

The citizens of Eugene are feeling happy once more because their water supply, on being analyzed, is found to be absolutely pure.

A new hospital at The Dalles is promised by Dr. J. A. Giesendorffer, and some gentlemen associated with him. It is to cost about $20,000.

Philanthropic Seattle citizens are subscribing to a fund to care for the needy sick at a Wayside Hospital. The city authorities have no way of doing this out of the public funds.

A New Sanitorium.—The Hot Springs in Baker County, around which the Radium Sanitorium has been erected, with Dr. W. J. May as the moving spirit, is a large institution. The structure will have 100 rooms; it will be heated from the hot water that runs to waste from the springs, and the local newspaper reports tell their readers that "rheumatism and other chronic diseases" will be cured there in short order.

The Physicians of Spokane are insistent on improvement in the water supply of their city. The city gets its water from the Spokane river, and the population on the water shed of that river is constantly growing, and is a menace to the people. The County Medical Society has passed a series of resolutions urging the establishment of an ample and efficient filtration plant, as the only means of properly protecting the health of the people.

Digitized by Google

To Reform Its Patients.—The Northwestern Sanitarium at Port Townsend, which has been established in the large hotel building there, which has been vacant for some years, is to be a reformatory institution. The articles of incorporation provide that it is part of the business of the company "to expound and circulate by lectures, classes and in other desirable means, the reforms in dress, diet, drink, and to further conduct a crusade against the use of tea, coffee and other narcotics."

Against Contract Practice.—Notice has been served by the two big hospitals at Butte, that after September 1st they will not receive any more contract patients, or patients who are members of hospital associations. The crowded condition of the hospitals accounts for this new rule that has been established. Doctors who have been in the habit of sending contract patients to the hospitals, immediately, on receiving this notice, took steps to provide accommodations, and a new hospital is talked of.

A late number of the A. M. A. Journal contains two startling pieces of (mis) information. First, it states that Portland is "a city of 98,655," which statement conveys the impression that that is all we have got; and, second, it asserts that the Dean of the University of Oregon Medical Department is "Dr. Simeon E. Joseph." One would think that in the past year the name of the distinguished dean of the aforesaid Medical College had been printed enough times in the A. M. A. Journal to entitle him therein to the final "i" at the end of his name.

The Whatcom County Medical Society (Washington) had a pleasant time at the Hotel Byron, Bellingham, on the evening of the 20th of August. There were 35 persons at the table, which included the doctors and their wives. Speeches were made as follows: Dr. W. N. Hunt spoke on What I saw in the City Water; Rev. W. A. Cheatham on The Physician from the Clergyman's Point of View; Dr. W. A. Gray on The Country Doctor; Mrs. W. H. Axtell on What the Social Status of the Doctor Should Be; Dr. F. J. Van Kirk on Europe from a Physician's Point of View; Dr. Macrea Smith on The Doctor's Wife.

Impure Water.—Notwithstanding all warnings that are issued, there are doubtless many people who drink the water of the Columbia and the Willamette rivers, without filtration. The State Board of Health has traced many cases of typhoid fever to both streams, and still, many of the boats plying on the rivers take their drinking water from them, because it is

Digitized by Google

less trouble to do so. A number of cases of typhoid fever have occurred on boats that have taken their drinking water from these rivers. The Columbia river was not infected with typhoid germs until they came down the streams from the Pendleton and Walla Walla districts.

The moral health in a very large degree, and the physical health in, perhaps, a lesser degree, are furthered greatly by the work of the Juvenile Court in Portland. The annual report in pamphlet form has just been issued showing the work that has been done by this court during the year ending June 10, under the guidance of Judge A. L. Frazer, who is the presiding judge of the court. This report is highly interesting as showing how this community is doing something towards taking the place of the delinquent or unfortunate parents who have lost that control of their children which nature intended they should exercise. This movement on the part of the public in caring for the children is a comparatively new one in this country. There is much more to be done in other directions, as, for instance, in looking after the health of those school children whose parents do not properly appreciate the importance of attending to the little ailments to which the youth of both sexes are liable.

Good Work Done.—The members of the King County Medical Society, of Seattle, is to be congratulated on the result of their action in the matter of granting a right of way along the Cedar river to the Chicago, Milwaukee & St. Paul Railway. Seattle procures its water supply from this river, and the railroad in question obtained a right of way along the river bank, close to the river. The Medical Society insisted that the railroad was coming too near the river; that there was always a quantity of debris falling from trains that would, if falling into the waters contaminate them, and might seriously jeopardize the health of the citizens who have to drink the water. As conservators of the health of the public, the physicians insisted that a change should be made in the route of the proposed railroad. There is always a large number of people in a community who naturally oppose any suggestion looking to health promotion, and the doctors had to fight persistently for their point. But they won it. Experts were appointed to view the proposed route, and they reported that a change should be effected, and the railroad should be compelled to move further back. The changes to be made in the ordinance granting permission to the railroad to build their line, will necessitate the expenditure of a much larger sum of money by the road than was at first intended. But the authorities are satisfied that this is the time to act, and not after the damage is done. The Medical Sentinel congratulates the King County Medical Society on the good work it has done.

Digitized by Google

Editorial Notes

San Francisco Doctors.—Our esteemed contemporary the Pacific Medical Journal feels most strongly that the times are out of joint—more out of joint than ever before. The earthquake at San Francisco last April is responsible for some of it. Physicians with experience and education are paid $100 a month by the authorities for caring for the needy sick, while carpenters get just three times that much. Even a hod carrier is able to earn about the physician's price. Under certain circumstances in these days, muscle is at a premium, and education is at a discount. We hear a great deal about brains, and we know that it is brains that runs things, but somehow the brains of the competent physician do not bring large emoluments to their owners in San Francisco. If protesting would do any good, then Editor Anderson is doing enough to accomplish something. Chaffeurs, whose business it is to run over the unsuspecting pedestrian, is paid large wages, compared with the surgeon who sets the broken limb, and helps to cure the sick. There is no class of citizens more worthy of consideration, and at the same time more worthy of sympathy, than the physicians of San Francisco. They lost their personal property and their patients. Happily many of them have been able to move away and secure fields of endeavor elsewhere, and this was the wisest thing for half of them to do.

Information for the Public.—A local newspaper has a short report of a county medical society, in our neighbor state of Washington, and the following sentence occurs in the report: "They considered matters of vital importance, but had no information to divulge for the public." This is an unpleasant sentence to read. It may be the fault of the reporter; it can scarcely be the fault of the society or its officers. In these days when the doctors are seeking so much of legislatures in the public interest, they cannot afford to treat the press in such a disdainful manner as is indicated by this quoted sentence. It is so rarely that such a thing occurs, that it is all the more noticeable when it does occur. Usually there is nothing whatever to conceal from the public, at the meetings of county medical societies. There is so much real altruistic work done by the medical profession throughout the country, that it is always willing to have the public light thrown upon its meetings. Half the time of physicians, when they meet, is taken up with a discussion of the best means to prevent the spread of disease. Too much publicity cannot be given to such discussions. It is absurd on the face of it, that matters of vital importance should be considered at a medical meeting, and that there should be "no information to divulge to the public." Without further light on the subject, we must conclude that the reporter or editor was cranky; it certainly cannot be that any medical society secretary would assert to a representative of the public press that notwithstanding the discussion of matters of "vital importance," there was "no information to divulge to the public."

Charging Large Fees.—The newspapers have had a busy time of late discussing the large fee that a Chicago doctor has against the estate of the late Marshal Field. The newspaper editors look on all sides of this question, and while they are not averse as a matter of principle to the sum of $25,000 being transferred from the

Digitized by Google

overflowing coffers of the late millionaire to the less well-filled coffers of a hard worked physician, yet they are not quite sure that it is right. When the lawyers who are employed to settle the estate of the dry goods king get their fees, it is probable that the size thereof will not be disclosed for public scrutiny. Under ordinary conditions it does not take a higher order of legal acumen to distribute a hundred millions of dollars among well defined and well satisfied heirs, whose names and bequests are particularly set forth in a last will and testament, than it would to distribute ten thousand among heirs who might be less well satisfied. It takes little more ink to set down on paper the larger denomination of money; checks that are written are perhaps written on paper that is a little more of the safety order; but the banks furnish checks anyway, so that is of little importance. In these days, strange to say, the man whose business it is to render expert advice and assistance in saving a man's life is not considered by many people as being nearly so much worthy of large fees, as the man who distributes the millionaire's estate after his death. And yet it takes as much intelligence; as high an order of brain work; as much courage and attention to business for the physician as for the lawyer. The doctor who gets large fees on occasion, does far more charity work for the poor, for which he gets practically nothing in the shape of fees, than does the corporation lawyer, whose fees are paid without question. Because Marshal Field's dry goods store charged the same per yard for a piece of calico, whether it was purchased by a millionaire or a poor woman, some newspapers affect to believe that the physician should have one price for the casual poor sick man or woman who appeals to him, and the millionaire. This rule of one price is worthy of discussion for the doctor, when it is adopted by his brethren of the law.

Covers a Large Territory Well.—Among those who will represent the people of Oregon in the coming State Senate for the next four years, and do it well, is Dr. H. P. Belknap, of Prineville, who has the honor of representing more counties than any other man in the Legislature.

Dr. Belknap has been mayor of his city for a number of years, and is a graduate of Bellevue, of the University of Michigan and an alumnus of Willamette University Literary Department.

Dr. Belknap is a member of his local and state societies, and stands very high with his profession. It is safe to say that anything of a medical character, which is right and fair to the whole people, will receive the active support of Dr. Belknap.

Japanese Military Sanitation.—It is a very interesting report, given in another column, taken from the Scientific American, and written by the Surgeon-General of the Japanese Army. After all, there is nothing wonderful in what is being done by the Japanese. They have simply applied sanitary and hygienic principles to the management of the army in the field, which principles have been known by Anglo-Saxons for years. They have merely lived up to the lights they possess—something that the American Army has never done, simply because our medical department did not have sufficient authority to enforce the rules which it knows it is death to break.

Digitized by Google

THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

PULLING DOWN THE BARS

Some present day thinkers contend that the rock on which this nation will ultimately split, is the independence along certain lines of the separate states. In other words, these critics of our government want more centralization—a condition which most people south of the Mason and Dixon line strenuously oppose. More strength to the arm of the individual states; less to the government which is centered in the District of Columbia, is what the southerner wants. And yet, contrary to all such reasoning and argument which prevails generally in the South, here comes our contemporary, the Southern Practitioner, published in Nashville, Tenn., and wants centralization, so far as the examination of doctors is concerned. Today every state government fixes the qualifications of the men who are allowed to practice medicine within its borders. In no section of the country would a greater objection be made to centralization of physician's examinations, than in the southern states.

The Practitioner is hungry for reciprocity. It cites the Oregon case, referred to in the Medical Sentinel two months ago, as an instance of injustice. A Wisconsin doctor cannot practice in Oregon, and such discrimination is a shame and an outrage—is the inference drawn by our Tennessee contemporary. But the letter of Dr. Byron E. Miller, published last month, puts a different light on the subject, and the probability is that the doctor in question could not today pass the Wisconsin examination, and that the only reason why he is able to practice in Wisconsin is because he began to practice there before the present law was passed in that state. The Practitioner wants "retired medical officers of the Army, Navy and Marine Hospital service authorized to make examination of all who may apply, a certificate of approval to qualify them to practice medicine and surgery in the District of Columbia, and all the territories. Said certificates we confidently believe would be recognized by nearly if not all the states."

We don't believe anything of the sort. Especially would the

Digitized by Google

southern states, including Tennessee, resent any such interference with their rights. They would claim that the examination would be perfunctory and behind the times. The tendency of the age is towards greater strictness, rather than less, as to the way the door shall be opened for new physicians to practice. Reciprocity is a good thing, under certain restrictions; but it must be between states when exercising their sovereign rights, and not by any such method as is proposed, with headquarters at Washington, D. C.

CARING FOR THE SCHOOL CHILDREN

It is a source of constant wonderment to the writers for the public press, that the state governments pay so much attention to the prevention of hog cholera, glanders among horses, foot and mouth disease in the herds of cattle and scab among the sheep, but seem to care little or nothing for many of the minor diseases that spread among the school children. It is asserted that there are sixteen millions of school children in this country who are suffering from some eye, ear, nose or throat disease, which can be easily detected and generally cured, if the public health and educational authorities will only decree that the work shall be done. It is not hard or expensive to do. The reason it is not done may be ascribed to apathy or neglect. It is claimed that there are 300,000 blind people in the United States, many of whom would not have become blind if their disabilities had been detected during school life, and that it costs the public in the neighborhood of fifteen millions a year to care for these unfortunates. Reducing the question to the mere sordid standard of money, it would seem not to be a matter of economy to neglect the eyes of the school children.

We frequently see in the newspapers evidence of sympathy with the school children in their physical sufferings. Some school director will bring up the subject of examination by competent physicians of the children whose parents do not appreciate the necessity of medical attention in ailments that threaten to become chronic in the individual, if not cared for in their early stages. But the taxpayers have never yet been made to realize that such an expense would be a legitimate one for them to bear. A great advance has been made in school hygiene in late years. It is recognized that public school buildings must provide so many cubic feet of air for each child; the ventilation must come up to certain well known standards; the plumbing and heating must be right; washstands and towels must be free from contagion; desks must be of proper slant and height; studies must be changed so that the eyes, mind and body will be properly rested; the children must be vaccinated; quarantine regulations must be observed so as to prevent the spread of contagious diseases; games and sports must be supervised. All these things are attended to with greater or less wisdom, but the school authorities should go a step further, and provide

Digitized by Google

for systematic examination of the eyes, ears and throats of the children, and provide for a correction of unnatural conditions in these organs. The result of such steps will be wonderfully marked in the next generation.

In two states—Connecticut and Vermont—the legislatures have provided for the examination, by medical men, of the eyes and ears of school children, so that disease in its incipiency may be discovered and corrected. In his last message, the governor of Massachusetts strongly recommended to the legislature that such examination be provided for. The medical societies of various states have taken the matter up, and made recommendations which will be in due course presented and urged to their legislatures. The western states cannot afford to be behind the times in this matter. Every state medical society in the country should put forth its best efforts to secure results in this much needed direction.

THE PHYSICIAN IN POLITICS

As the season of legislative action draws near—it being only four months away—it behooves us to be discussing politics. In another part of this issue of the Medical Sentinel we publish a very interesting paper on the physician in politics, read at the late meeting of the Utah Medical Society. The discussion upon the paper is also given fully, and all sides of this question are there presented for the consideration of the reader. Nobody desires to see the physician a ward heeler or an office-seeker. We feel that it is not exactly right when a physician accepts a position as chairman of his political party's local organization, although where can one accomplish more real good of a political character than in such a position? But whatever we may say as to the desirability of physicians not becoming mere politicians, we are all getting to feel proud of one who will go enough into public affairs to become elected to the legislature. There is much to do in both houses of legislation in every state in the Union, for the public health, and no class of the community appears to regard the public health as of paramount importance, except the physician. Only think of the vast amount of good a few live doctors could do in the Houses of Congress in securing adequate recognition of needed improvements in the medical service of the army! The interests of railroads and other corporations too often stand first, in the estimation of many public men. The physician who, if he considered his own financial welfare, would not be so ardent a fighter for prophylactic measures, is about the only man who, in season and out of season, is studying ways and means to prevent disease. There is much for the physician to do in the political field. We commend to our readers the paper and discussion referred to.

Digitized by Google

THE CAUSES OF DISEASE AND HOW TO PREVENT THEM.

By H. M. SHAW, M. D.
Ashland, Or.

Read before the Oregon State Medical Society, May 16, 1906

To every graduate in medicine is given a great opportunity to be of much service to humanity. Upon every practicing physician rests the responsibility for much of the joy and sorrow of the community in which he is located.

In my childhood days it was difficult for me to understand the coexistence of disease and an all-loving, all-wise Creator. As I grew to manhood and began to look around for some honest means of earning my daily bread, I was encouraged to take up the study of medicine. I was told that the opportunities for the practice of medicine were simply immense, and that besides the great respect of the people with whom you lived and upon whom you practiced you had no end to the opportunities for coining money. It seemed to me that the existence of disease must be a good thing at least for the physician.

After an active general practice of eleven years, during which time I have answered many night calls and both ridden and driven over lonely and rough country roads, and having on frequent occasions been criticised because I was not able to stay that monster called death, I have again somewhat changed my ideas about the goodness of disease to the physician.

The practice of medicine is certainly not always what the uninitiated think it to be. I, now, can easily understand why the medical profession is the only body of men banded together to, if possible, destroy their own means of earning a livelihood. It is with the thought in view of contributing to this object that I have permitted myself to come before you gentlemen and read this paper on the causes of disease and how to prevent them. The causes of disease may be classified under three general heads.

I. Ignorance of the laws which apply to health.

II. Poverty or inability to comply with the laws which govern good health.

III. "Pure cussedness" or willful disobedience of the laws of health.

Having so easily arrived at the causes, I think we can easily suggest remedies to eliminate the causes and consequently ultimately drive disease from our presence.

To combat ignorance we need education. The needed education must necessarily come through the medical fraternity. Were the laity

Digitized by Google

aware of the great good which might come to them by a more extensive and thorough medical education for medical men, I feel certain that the money they now expend for patent medicines and upon public fakirs could easily be directed into the channels of public hospitals, experimental laboratories and medical colleges. We are exceedingly grateful to those great hearts and minds who have freely contributed of their means, so that the progress of medical education may be carried on more rapidly. It seems to me that it might be wise for the medical fraternity to remove that cloak of modesty which they have always worn and let the public know more of what they have done for humanity.

In my opinion the great majority of mankind are extremely ignorant of what the medical profession has done to relieve human suffering. A small minority are aware of the fact that surgery is rapidly progressing, but when it comes to medicine they are almost entirely in the dark. To a certain extent they know that vaccination has been a great benefit to humanity, but they can never know how great a benefit without farther education along this line. They do not stop to realize that scarcely a century and a quarter ago smallpox, in Europe, was as common as love. We are also told by medical authors that could we be suddenly transferred back to that time, it would not be so much the peculiar architecture and dress that would attract our attention as the number of faces marred by smallpox. These facts, along with hundreds of others, should become more generally known to the laity. I hope the time may come when the eyes of the public shall be so opened to the importance of better medical education that they shall see to it that medical schools obtain state aid to the same extent our common schools of today are provided for.

Now in regard to the education of the public on medical topics. I believe that medical men are and should be the most energetic workers to enlighten the public mind on medical subjects. We have the two great avenues of education, the home and the public school. The family physician can do his greatest work in the home. Proper books and literature may be provided for both home and school. Works of this character should deal largely with anatomy, physiology, hygiene, dieting, exercise, and the various methods used for the prevention of contagious diseases. There is one contagious disease of which, I think, the public have been kept in woeful ignorance—I refer to venereal disease. If what our specialists in this branch of medicine tell us is true, then this one disease is doing more than any other contagious disease to cause the downfall of the American nation. Every patriotic physician should recognize the fact that the primary work for the prevention of this evil must be done by physicians. It is here that the family physician should not hesitate to give the needed instruction to the parents and they, in turn, can instruct the children. I really believe this would do much to stamp out this consuming evil. There is no doubt but that physicians have been negligent in regard to their duty in this line.

Now in regard to the second general cause of disease—poverty, or the inability to comply with the laws of health.

Digitized by Google

This includes that class who are financially unable to obtain those necessities which are required to ward off disease and maintain good health. Here lies one of the greatest duties of the physician. Poverty and disease are daily companions. It is the duty of the physician to impress this fact more clearly upon the public conscience. It has been the custom in the past, and it is very generally practiced in the present age for the more cunning and selfish human creatures to more or less combine together to dispoil those who have less intellectual ability. This should not be. It has caused the fall of many a great nation. It will cause the fall of our's unless we have enough patriots in our midst who are willing to put their shoulders to the wheel and lift those who are in need to a position in life where the necessities for good health may be obtained with the proper expenditure of energy. I hope the physicians of this state may continue to be in the front rank with that army of workers who are endeavoring to eliminate poverty from our civilization.

The third and most difficult problem with which we have to deal is pure cussedness, or the willful disobedience of the laws of health. This problem is all the more difficult to handle on account of the fact that we physicians as a rule do not set the example that we should to those whom we would teach better things.

In the treatment of this question the law, no doubt, will help us more or less. And now to the legislatures we must go, and surely we are up against a hard thing. Physicians have at all times found it a very difficult matter to obtain the passage of laws which would benefit humanity, because the passage of such laws generally interferes with the enlargement of the pocketbook of some private citizens. We are very grateful to the many whole-souled members of our government who have assisted us, yet we find very many who are not so entitled to our gratitude. When we attempt to pass pure food bills, obtain proper quarantine laws, and other laws relating to the public health, we are often met with both direct and indirect opposition. When open opposition is not expedient the opponents of good health laws often resort to the subterfuge of railroading through the legislatures what I term bow-legged laws, or laws so crooked that they would not stop a pig in an alley. It seems to me that some of their heads are so full of the germs of greed that it will be necessary for some physician to invent some kind of a sterilizing machine. In their brains must be kindled a fire hot enough to drive out these beastly bugs. In order to make this sterilizing process a complete success it will be necessary for us to send a larger number of our brethren to occupy seats in our legislatures.

In conclusion I will state that the medical profession has done much for humanity, but much more remains to be done. For the physicians of this state there is much to do.

In this work of combating ignorance, poverty, and pure cussedness, and in educating the world as to the causes of disease and how to prevent them, the medical profession to itself has proved true.

A great poet has said, "Above all things to thine own self prove true, and it shall follow as the night the day, thou canst not prove false to any man."

Digitized by Google

PROLAPSE OF THE URETHRA IN A WOMAN 95 YEARS OF AGE.

By CHARLES CURTIS WALLIN, M. D.
White Sulphur Springs, Mont.

The comparative infrequency of prolapse of the urethra, the dearth of American literature regarding it, and the advanced age of the patient are deemed sufficient to warrant the report of the following case:

Mrs. W., age 95; housewife.

Personal History.—Menses established at 14; ceased at 50; has had seven children, the first born August 26th, 1842, the last April 13th, 1854. After the birth of last child she suffered with an inflammatory eye disease which rendered her totally blind. In 1901 she fell down stairs and brought on an attack of hemorrhoids, with which she was confined to her bed for three months, but made an excellent recovery, after which they were removed. Notwithstanding her blindness she was very active, going about the house and attending to her duties.

History of Present Illness.—Present illness dated from May, 1905, when she began to suffer from increased frequency of urination. In July following, pain and smarting began to accompany urination, which had become progressively more frequent. About August 1st there was a sudden attack of sharp, agonizing pain in the region of the bladder, which caused her to take to her bed, to which she was confined from that time till August 28th, when I first saw her. The patient was lying in bed on her back, with shoulders and head raised on a pillow and knees flexed. The facial expression indicated great distress. She complained of continuous dull ache in region of the symphysis pubis and frequent sharp, intermittent, agonizing pains in same location. Urine was passed involuntarily every few minutes. Every drop burned like fire. She was nervous and unable to sleep, yet displayed much sense and self-control in answering questions and submitting to examination. On the right side of the chin, over the incisive fossa, was a cornu cutaneum, conical about one centimetre in height. A slight pull tore this off and left an excavated base, circular, 1½ centimetres in diameter.

Pulse 72; temperature 98.6; respiration 18. Radial and temporal arteries soft and compressible. Thoracic and abdominal viscera negative. External genitals showed ordinary senile changes. On separating the vulva a circular rosette-like tumor, 3 centimetres in diameter, was seen at the site of the meatus, and looked not unlike a circle of prolapsed and inflamed hemorrhoids. Closer inspection showed this to consist of mucous membrane and revealed folds radiating from center to periphery. The tumor was dark red and exquisitely sensitive. A fine, blunt probe passed through the center for some distance, and on

Digitized by Google

being withdrawn was followed by a few drops of urine. A soft rubber catheter was introduced and the bladder irrigated with normal salt solution, the bladder holding about 30 cubic centimetres. Pelvic examination negative. Urine negative. Immediately after the examination a soothing lotion was applied to the prolapsed membrane and an antacid prescribed. The patient was comfortable until the next day, when an effort at replacement was made, and, as expected, was futile. For the next two days sedative treatment was continued, and on the third, ligation of the prolapsed tissue was attempted. This likewise failed, and as no improvement occurred the following week, the patient and her children were in a frame of mind to consent to a radical cure under general anesthesia. Accordingly, on September 10th, under chloroform, a circular incision was made in the tissue of the vestibule, surrounding the tumor and close to its base; the prolapsed membrane was cut off and the urethral and vestibular membranes united. As the patient was taking the anesthetic nicely, the base of the cornu cutaneum was exercised. A curved incision was made across the chin from margin of one ramus to the other. While the second united the ends of the first following the margin of the maxilla. The enclosed tissue was dissected out, that below the chin loosened and drawn up to fill in the deficiency. The edges were approximated with a subcuticular suture and the wound sealed with collodion.

The patient made an uneventful recovery, and early in December last went to California. A letter from there dated February 18, 1906, informs me that she is feeling well, that the frequency of urination is normal, and that the only symptoms referable to the pelvis is what she terms a bearing-down sensation, which is relieved by lying down a few minutes.

Remarks.

Prolapsus urethrae is a detachment of a portion of the urethral mucosa from the subjacent supporting structures and its consequent propulsion by the descending stream of urine. It has received but scant notice in American text-books or journals, but in continental Europe has been accorded considerable study. Kustner describes two forms, as follows:

First—Simple prolapse in which the detachment is at the distal extremity of the urethra beginning at the meatus and extending back indefinitely.

Second—Prolapse with inversion (Kleinwachter), in this latter form the detachment of the mucosa is located some distance above the meatus and the membrane is carried forward through the lower normal portion of the canal.

The prolapse is spoken of as partial when the detachment involves but a portion of the circumference; as complete or annular when it extends entirely around the canal.

Microscopical examination of the prolapsed tissue shows in some instances no change, while in others angiomatous, fibromyomatous or inflammatory alterations have been observed.

Etiology and Pathogeny.

In the effort to explain the etiology of the affection numerous and

Digitized by Google

varied theories have been advanced. Tavignot, the first to devote considerable work to the subject thinks that in the majority of cases a general tissue disability pre-exists, and that trauma and inflammation are the efficient causes of the condition.

Kleinwachter in 1891 collected and reviewed 100 cases, arriving at the following conclusions:

First—Age appears to exercise a considerable influence.

Second—Children are most often affected.

Third—Senile involution plays an important role.

Fourth—Adult females in the most active genital period, when they would seem most likely to be exposed to predisposing accidents, are least often affected.

Wohlgemuth does not admit the influence of visceral affection and general debility, but thinks the prolapse is due to intra-abdominal pressure abnormally exerted in constipated persons or those having a cough.

Singer, in 1898, reported eight new cases and made microscopical examinations of the tissues in two of them. He found a condition resembling angioma, and advanced the doctrine that this angioma is always primary and that this, together with a degeneration or impairment of tissues, are the etiologic factors in the prolapse.

Voillemin concludes that besides the general predisposing causes, such as general debility, dilatation of the urethra, and senile involution, the chief determining cause is the effort or strain, due to constipation, cough, dysuria, etcetera. He attributes but slight importance to inflammation.

Van De Warker maintains that the generally accepted ideas regarding the etiology of prolapse of the urethra must be revised; that the problem is one of pelvic dynamics—a department of gynecology as yet little studied—and that the acceptance of inflammation as an important etiologic factor is unwarranted. He finds the condition to be due largely to over-action of the detrusor urinae muscle by which an extrusor force out of proportion to the work to be accomplished is exerted on the loosely attached membrane. This hyper-activity is associated with the hysteric bladder.

Finally, Rechniewska, the latest reviewer of the subject, calls attention to a normal relationship existing between the fixity of the mucosa and the pressure it has to sustain. Any factor which disturbs the physiologic relation between the two, which alters either or both of them, tends to produce prolapse. These cases are classed as follows: (a). General diseases, either chronic or acute, and the manifestations thereof, such as cough, diarrhoea, constipation. (b). Inflammation of the genito-urinary organs, foreign bodies, etcetera. In old women multiparity and senile involution are factors. Cough, diarrhoea and the like, being but the manifestation of general diseases, may act as both predisposing and determining causes. Two conditions play the principal role. First, debility of tissues; second, the existence of angioma.

Voillemin gives the ages in ninety cases as follows: Ages 1 to 15, 54 cases, 60 per cent; ages 22 to 38, 11 cases, 12 per cent; ages 40 to 75, 25 cases, 28 per cent.

In the Rechniewska thesis the following series of thirty-seven cases

Digitized by Google

classified according to age and physical condition is found: Of 18 cases between the ages of 5 and 11 years, seven were affected with some general disease, as tuberculosis or rachitis. In three cases the general health was satisfactory, but there was inflammation of the genito-urinary organs. In three there was no discoverable morbid condition to which the prolapse might be attributed. In the remainder the details were unobtainable. Of five patients, from 18 to 39 years of age, four showed inflammation of the genito-urinary organs, while the fifth, 26 years of age, showed a perineal tear associated with vaginal cystocele. Of 14 cases between the ages of 48 and 72 complete this series. Of these, two were weak and tuberculous, two suffered from chronic constipation, while one was afflicted with cystisis and four were multparae.

It will be seen from these statistics that none of the etiological factors thus far advanced satisfactorily explains the origin of the affection. Struma, local inflammation, and similar conditions, unquestionably have an influence, yet the fact that the prolapse is met in individuals who are otherwise normal is sufficient proof that there is some other casual factor not yet brought forward. As a corrollary to this proposition it is evident that any predisposition to ptosis in a healthy subject will be more potent in one who is the subject of local or general debility.

Again, the causes cited as possibly productive of the condition, with the exception of the effects of pregnancy and parturition, are as often met in the male as in the female.

From these considerations we are driven to the conclusion that the fundamental cause of the condition must be sought in a study of the normal structures, and will be found in some point of diminished resistence peculiar to the female and not present in the male.

I believe that such a study will show that the normal fixity of the mucous membrane of the female urethra is at best unstable, and that it depends in part upon a rudimentary tissue. It can also be demonstrated that such a condition affords a predisposing cause applicable to all cases, and explains the special susceptibility of the extremes of life to the affection.

The female urethra corresponds to the prostatic and membranous portion of the male canal. It averages but one and one-half inches in length, and its course describes but one curve, instead of two as in the male. The caliber of the canal is fusiform, it being constricted at either end and widest at a point somewhat nearer the inner than the outer extremity. Its mucous membrane consists of an epithelium of ten or twelve layers of cells which vary in shape and arrangement, supported on a basement membrane, and is thrown into longitudinal folds usually five in number. These begin at the meatus, extend to the bladder, and are lost upon its walls. Between and parallel to them lie shorter folds, and in the neighborhood of the meatus transverse folds may be observed, which intersect those just described and form crypts or depressions in the mucous membrane. Arranged in rows between and parallel to the longitudinal folds may be seen the numerous small orifices of the urethral glands.

The blood vessels lie, for the most part, in the deeper layers of the mucosa parallel to one another in the long axis of the canal. They

Digitized by Google

communicate freely by branches which pass out at right-angles, and are derived from the internal pudic, inferior vesical and vaginal arteries.

Beneath the basement membrane lies a loose-meshed, wavy connective tissue, containing many elastic fibers. This submucous coat is very vascular, abounding in capillaries and large blood spaces, some of which are situated close to the epithelium, occasionally encroaching upon the basement membrane. Many glands are found in this region and about them the capillaries are especially numerous. The epithelium of these glands is similar to that of the urethra. Usually these glands have a distinct lumen, but sometimes they appear as solid columns of cells. They are branched and are found throughout the length and circumference of the canal.

A layer of smooth muscle fiber surrounds the sub-mucous coat, but there is no sharp line of demarcation; an inner longitudinal and outer layer are usually described. The whole tunic is very vascular, containing many arterioles and blood spaces. Surrounding this smooth, muscular coat is an investment of striated muscle to be later mentioned.

A study of the development of the prostate gland will also be of value in this connection. At about the third month of fetal life small bud-like projections may be seen extending from the wall of the urethra. In the male they are developed into the glandular portion of the prostate, being enclosed in a dense mass of muscular tissue derived from adjoining structures. In the female they remain small, but persist throughout life as the pre-urethral glands. Regarding them in the female, Testut says, "Whatever be their form or situation, these glands always show the same structure—together they constitute a female prostate—a prostate always spread out over a considerable area and always rudimentary."

The external coat of the urethra, the sphincter urethrae muscle, is striated and derived in large part from the sphincter vaginae and to a less extent from the muscles of Guthrie and Wilson and other voluntary muscles of the perineum.

The relation of the urethra to the anterior vaginal walls varies greatly in different portions. In its upper fourth, the urethra rests upon a bed of cellular tissue which intervenes and forms but a loose connection between the two. In its lower three-fourths, the two are so intimately blended as to form but one structure, the urethro-vaginal septum.

From a consideration of the above the following points of inherent weakness are noted:

1. Compared to the male the urethra is short and possesses but one curve.

2. Instead of a dense muscular body surrounding the vesical end there is a mass of loose connective tissue.

3. The glands in this region, instead of being well developed and deeply set in the dense tissue of the prostate, are of rudimentary character and rest upon a delicate and wavy mesh of highly vascular tissue, distributed throughout the course of the canal.

4. The blood vessels of the sub-mucosa from the rectangular communications especially favor congestion.

Digitized by Google

5. The entire canal in part resting upon and in part suspended in the anterior wall of the vagina is exposed to flexures and constrictions which tend to engorgement and consequent loosening of the mucous and submucous tissues.

This ensemble of conditions is sufficient to explain the occurrence of the affection in those very infrequent cases observed in young adults in whom no local or general debility can be demonstrated, as, for example, in the case reported by Lea, in which the prolapse occurred in a young, unmarried woman who was in perfect health. In this instance the only exciting factor was thought to be the somewhat cramped position of the patient assumed for a number of hours every day. The patient was an artist, and sat at her work on a low three-cornered stool. It was further suggested that one of the legs of the stool projecting above the edge of the canvas seat might have been used as a means of sexual stimulation.

The especial predisposition of children to the affection is easily understood when the progressive changes of the pelvic organs undergo from infancy to the period of sexual maturity are borne in mind. In the young the uterus and bladder are extra-pelvic, lying above the superior strait. The vagina and urethra are almost perpendicular and only gradually assume the position found in the adult. This continuous metamorphosis, associated as it is with the continued development of the vessels which constitute so large a part of the vascular submucosa carries with it an added instability.

Next to childhood the prolapse is most frequently found in the aged. Here again physiologic laws are seen to be operative. The retrograde changes of the post-climacteric period weaken the none too firm foundation of the mucosa. The glandular atrophy and vascular changes incident to the drying up of the pelvis render still more unstable the fixity between the urethral tissues, and conditions predisposing to ptosis of the mucous membrane are again enhanced.

Thus it is seen that the forces which enable the mucosa of the female urethra to withstand the pressure it must sustain in the discharge of its function are fully developed and fixed in but the middle third of life; that even in this period their cohesion is slight; and that by a force not in itself pathologic the feebly supported equality between pressure and resistance may be disturbed.

On the basis of this inherent structural instability, ever present though increased by the metamorphoses of the first and last thirds of life, the varying etiologic factors hitherto adduced may be correlated. Whether it be the increased expulsive effort of the hysteric bladder as maintained by Van De Warker, or a similar accentuated force occasioned by cystitis; whether it be any of the active factors included by Voillemin in his term "l'effort," or whether trauma, venous congestion and inflammation are operative, all alike may be efficient in disturbing the delicate balance. This balance, like any other, may be destroyed from either direction or both. The dictum of Broca regarding prolapse of the rectum, viz., "increase the force, diminish the resistance and you will have prolapse," is here equally applicable. The foregoing factors may singly or in combination accomplish either or both.

Digitized by Google

Symptomatology.

Prolapsus Urethrae may exist without symptoms. This is especially true in children. The condition may be discovered accidentally, or attention may be directed to it by the presence of blood on the underclothing. Sometimes feathering of the urinary stream leads to its detection. In such cases the first pain may be due to ulceration following abrasion or infection. More often the symptoms are progressive, the first noted being increased frequency of urination. This is followed by burning sensations which later may become agonizing pains. Occasionally the prolapse seems to be acute, a sudden attack of lancinating pain drawing attention to the parts and revealing a tumor of prolapsed tissue at the previously normal meatus.

Course.

Left to itself the condition shows no tendency to recovery. Gangrene of the prolapsed tissue or ulceration from infection may ensue. In the majority of instances the prolapse increases and is aggravated by each additional expulsive effort.

Diagnosis.

The diagnosis should present no difficulties. Other conditions of the meatus as caruncle and malignant new growths are easily differentiated.

Treatment.

In cases of acute prolapse it is sometimes possible to restore the membrane to its normal position by manipulation and pressure. The ultimate results of such procedure are occasionally satisfactory.

Destruction of the prolapsed tissue by the cautery as well as strangulation by ligation have been practiced, but should be discarded for more exact surgical methods. In case of prolapse at the meatus a clean incision of the protruding mass and approximation of the edges is all that is needed. In the second type, with the prolapse up in the urethra, a more delicate and complicated operation, consisting of splitting the canal and drawing out and excising the loosened membrane, is described by Kustner.

In many cases the prolapse returns after a few months. This, however, should not be considered as a contra-indication to an attempt at radical cure, for the operation is simple and devoid of danger, the relief afforded is great, and permanent results may legitimately be expected.

Bibliography.

Bagot, W. S.—Dublin Journal of Medical Sciences, 1891, XCLL, 204-207. Medical News, 1897, LXX.

Bente—Munchen Med. Wchnschr., 1901, XLVIII.

Betti—Clin. Ostet. Roma., 1902, IV, 285, 294.

Farge—Bull. Soc. de med. d'Anger, 1877-8, 1879, LXXXI-LXXXII, 172, 175.

Guillemet—Gaz. Med. de Nantes, 1883-4, II, 57.

Blanc—Ann. d. mal. d. org. genito-urin., Paris, 1895, XIII, 523.

Kustner—Lehrbuch fur Gyn.

Digitized by Google

Kleinwachter—Ztschr. f. Geb. u. Gyn., 1891; Ztschr. f. Geb. u. Gyn. Stuttg., 1904, LII, 92-6.
Kelly, H. A.—Operative Gynaecology.
Lea—Journ. Obst. and Gyn. Brit. Emp., London, 1903, 24, 26.
Ivanyi—Pest. Med.-Chir. Presse, Budapest XXXVIII, 473-76.
McMurrich—Development of the Human Body.
Rechniewska, Mme. W. C.—These de Paris, 1900.
Simpson, A. R.—Edin. Med. Jour., 1893-4, 309.
Singer—Monatschr. f. Geb. and Gyn., 1899, 373.
Tavignot—Examinatur Medical, 1842.
Villar—La France Medicale, 1888, II, 1709.
Voillemin—These de Paris, 1899.
Van De Warker—Amer. Med. VIII, 7.
Williamson and Atlee—Jour. Obstet. and Gyn. of Brit. Emp., VI, 5.
Weitheim—Jahrb. d. Wien K. K. Krakenh., 1898, Wien u. Leipz, 1900, VII, pt. II, 342.

Selecting a Location.

Are there any rules to guide a man in selecting a location? We give a few. As a rule it doesn't pay to go into a community where the competition is too fierce. Go over a physician's directory and find out the number of doctors in the town you are interested in. Find out when they graduated. If there is a preponderance of old men there may be a chance for you a little later.

Don't go into a community that is dead. Get in on the rising tide, and if you tread water for the first few months you will float into a comfortable practice before you know it.

Don't try to get into the easy place where the legal bars are down. Reasonable severity in the examinations for admission to practice is an advantage, not because it limits competition, but because it insures a better quality of competition.

What states offer the best opportunities? Some facts regarding the distribution of physicians may be of interest. There are about 125,000 physicians in the country, an average of one to about 630 people. The District of Columbia has the largest proportion, or one physician to 280 people. Next comes Colorado, with one to 367, and California, with one to 375. Neither of these states is promising. Oklahoma has one doctor to every 450 people; still, it is filling up rapidly and the newcomer has an even chance with the older settler.

Vermont, Ohio, Missouri, Indiana and Massachusetts all have one physician to 550 people, or less. Illinois has about one to 600. Commencing at the other end of the list, North Carolina has one doctor to 1300 people, South Carolina one to 1200, New Mexico and Virginia one to 1100, North Dakota one to 1000, Louisiana, Minnesota and Mississippi one to 990, and New Jersey and Wisconsin one to 950.

Remember, however, that when there are relatively few physicians there is usually some good reason for it.

Now, a word of advice about finding the place. Get all the information you can and then go and see. The western roads generally maintain industrial bureaus and can assist you with much valuable information, both concerning the towns needing doctors and the prospects of various localities.—Alfred S. Burdick, M. D., Chicago, in Chicago Tribune.

Digitized by Google

THE TREATMENT OF UNUNITED FRACTURES

By HENRY B. LUHN, M. D.

Read before the Oregon State Medical Association, May 15, 1906

Mr. President, Ladies and Gentlemen:

Let me assure you that I appreciate most keenly the honor done me when you invited me to read a paper before your State Medical Society.

Upon receipt of the invitation, and a request to send title of paper at once, I was somewhat perplexed, but there is always one thing that entertains the mind of man in a predominating manner, as, when a man is in love, he thinks of but the object of his love. So with me. I was deeply engrossed in protecting myself, as co-defendant, in a damage case where there had been an ununited fracture and subsequently great deformity and shortening. So I at once wired Dr. Hamilton that I would read a paper on the treatment of ununited fractures.

It is not my purpose to inflict a quantity of book matter upon you, but simply to give, in my feeble way, my own experience with this class of cases, and to interpose a few suggestions from authorities.

I have had a more or less wide experience in the treatment of fractures, and, like all of us, I have had results, at times, that were not entirely satisfactory to me.

I shall not take your time and attention by dwelling upon classes of fractures and their treatment, the different complications arising and the manner to meet them—all these precede the time that the fracture becomes one of delayed union or non-union. I will treat of but these two classes.

The ones in which delayed or non-union most frequently follow are the femur, humerus, the tibia, the ulna, the clavicle and the patella.

The causes of this condition are constitutional and local. Constitutional, such as fevers, hemorrhages, syphilis, gestation and debilitating diseases; local, imperfect coaptation of the ends of the fragments, or the interposition of some fragment of the soft tissues; imperfect fixation, which permits mobility; too tight dressing, which interferes with the blood supply to the injured part. On account of the extensive violence and the consequent injury to the soft parts, it is surprising that non-union does not occur more frequently due to the soft tissue interposing itself between the fragments.

Authorities describe three different conditions in the ununited fracture.

1. The ends of the one may become rounded and covered with fibrous tissue.

2. The ends may be united by a fibrous band, and this is known as fibrous union.

3. A ball and socket joint which is very rare.

Digitized by Google

The clavicle is at times the seat of delayed union. In this bone persisting with the dressing, keeping the parts as thoroughly at rest as possible, and at the same time using massage to the arm and forearm each day, the union will often become firm and with the exception of a slight deformity, the result will be perfect.

When this treatment fails, then the bone can be gently rubbed together and a good result follow.

I have had four or five such cases in my experience and have always found good results—perfect, from a standpoint of function.

The suturing of the bone (the clavicle) is done at times, but I question the propriety or wisdom of doing so.

In ununited fractures of the tibia I have employed two means:

1st. With the plaster dressing on to support the leg, I have advised the patient to walk about, bearing a moderate amount of weight on the member, and thus stimulate the ends and cause a renewed effort on nature's part to cause firm body union.

I have had many—probably six or eight—such cases, followed by a perfect result. When this means did not prove successful, I have anaesthetized the patient and rubbed the ends of the bone together, and have always had good results follow.

In delayed union, or ununited fracture of the humerus, we have a more serious problem; here we have muscular force with which to deal, plus an annoying condition of the difficulty of obtaining absolute rest. In these cases I would recommend first that the edges be rubbed gently and a leather or felt support moulded to the arm and the arm put at rest.

Later, if no success followed this means, I would, under an anaesthetic, rub the ends thoroughly, breaking up any bands and put the member in a plaster case, extending well up into the axilla, using great care as to pressure, and covering the shoulder, *i. e.*, a cap of the shoulder, placing the bandage from the hand up, flexing the elbow and using the weight of the plaster as an extension. This failing, the parts should be thoroughly prepared for operation. Absolute asepsis must be employed in every detail. The ends of the bone can now be cut down upon, sawed off so as to nicely appose, or a wedge-shaped piece may be taken out and the ends pinned together.

The materials used for suturing or retaining the bones are Kangaroo tendon, silver wire, silver screws, silver bands and ivory pegs.

After this operation has been performed under every aseptic precaution and the dressing applied, a plaster case to keep the parts at rest should be used. If this means fails, the arm can be provided with a leather support and the patient left with a pseudarthrosis or false joint.

I will now dwell upon the femur or the bone that gives the greatest amount of annoyance from the standpoint of delayed union or non-union. The femur is the longest bone in the body, and in proportion to its length, the narrowest bone; it is required to support the greatest weight and is subjected to the greatest and most severe tests of strain and resistance. One of the principal causes of non-union in this bone is due to the powerful muscular force exerted upon it.

Digitized by Google

In fractures of the upper third the ends are drawn forcibly apart and away from each other by the action of the psoas and illiacus and the glutei muscles exerting a force to rotate the upper fragment outwards and upwards, and the adductor and gastrocnemii muscles exerting an opposite, though most powerful influence on the lower fragment.

When the break is below the insertion of the adductors, this group of muscles pull the lower fragment backwards and downwards.

After the greatest care and skill in treatment of this class of fractures, the surgeon will at times be surprised and disappointed to find his patient with an ununited fracture. Here I advise the patient to stand upon the leg and exert as much pressure as seems proper to stimulate the ends of the bone to renewed and healthy action. This failing, I have the patient anaesthetized and, with two or three assistants, break up all adhesions and fibrous bands, and rub the ends most thoroughly. I then use a plaster case, extending from the foot to the pelvis and a spica of the groin, fixing the pelvis, and bring the plaster case as high up in the crotch as possible without injury to the patient. I fix this thoroughly about the glutei muscles to guard against atrophy and a consequent moving up of the cast. Leaving this cast on six weeks, I remove it to ascertain the condition of the member, and I am pleased to state that I have always found the union satisfactory, and in the course of six or eight months the leg useful and in good condition. I have never had occasion to wire a femur, but should I have, I would do so under the extreme asepsis, as referred to in the wiring of the humerus.

During this course of mechanical treatment, I put the patient on constitutional remedies—good nourishment and hygienic surroundings.

Trusting that my efforts in treating this subject may call forth a liberal discussion, so that I may profit by others' experiences, I thank you, gentlemen, for your kind attention.

Medical Inspection in Public Schools.

Inez C. Philbrick speaks of various systems of medical inspection which are in operation today. The complete physical examination of the child can be made only by the physician. Such examination must be systematic and individual. By medical inspection children of marked mental deficiency will be discovered. If they are removed to special classes they will receive far more benefit than they could in the regular grades. By medical inspection inherited tendencies will be combated and present vices of constitution corrected. Such inspection to meet the twofold need of pupil and public, besides the systematic, complete, and frequent examination of the pupils, must include supervision of the sanitation of the schools.—Medical Record, August 18, 1906.

In chronic mastitis the existence of pain and swelling of the glands in the axilla often awakens a suspicion of cancer. If the affected area is adherent to the skin and muscles, with puckering, the diagnosis may be impossible before a microscopic examination has been made.—International Journal of Surgery.

Digitized by Google

INTESTINAL AUTOINTOXICATION.

By R. J. SMITH, M. D.
Smithfield, Utah

Fully 90 per cent of all diseases is due to autotoxemia or intestinal autointoxication. This is not an exaggerated statement, but one easily verified by practical experience. This fact is becoming more fully recognized of late years, and the value of the "clean out and keep clean" principle is accepted by a majority of general practitioners.

The isolation of ptomaines and a study of their effects have shown that many of the symptoms classed under the symptomatology of specific diseases are due to absorption of these toxic products from the intestinal mucosa and practical treatment resolves itself into their removal by laxatives and intestinal antisepsis.

For years the autotoxemic theory has been enthusiastically proclaimed and now, strengthened by the researches of scientific men, is accepted as the source of trouble in a great majority of all diseases.

Normally there are present in the intestinal canal, millions of bacteria, for the most part harmless under ordinary conditions, but rapidly developing pathogenetic qualities when these conditions are altered. Retention of fecal matter in the large bowel longer than necessary, as in constipation, soon develops virulence and the ptomaines that develop by the action of the once harmless now virulent bacteria are absorbed and are the cause of such symptoms as so-called "sick headache," migraine, frontal headache, etc. Long continued absorption of these toxins soon produces more severe symptoms merging into disease of special organs, of which the first to feel the ill effects are the liver and kidneys. The liver is the cesspool of the human economy. Here a great quantity of poisonous material is strained out of the portal fluid and turned back into the bowels to be excreted. If not excreted normally, it takes on new virulence, is reabsorbed. Nature attempts to get rid of it, kidney strain ensues, which if long continued soon produces renal inflammaation, so-called Bright's disease. This disease is now thought to be due to autotoxemia, absorption of ptomaines and leucomains.

With abnormal primae viae, the addition of food only increases the mischief, and becomes an additional menace. The longer this condition is allowed to continue, the more serious obviously are the results. The blood is deprived of proper material for nourishing the body tissues, and derangement of all the organs follows.

The patient complains of headache, bellyache, nervousness, dizziness, rheumatic pains, neuralgia, burning of the hands and feet, pruritus, sleeplessness; shows you a foul, flabby tongue; tells you his breath is bad, and that his dejections smell to Heaven.

If his pain is very severe, he dwells on this to the exclusion of all else, and the unwary physician, treating this one symptom, soon benumbs the racked poisoned nerves with a heroic dose of morphine, and

Digitized by Google

the patient blesses you. The first result is relief, the final only added misery. If, now, the physician recognizes the source of the trouble, his reputation suffers not the severe jolt it will receive if he fails to do so.

There is but one treatment in the beginning. An empty and antiseptic intestinal tube is the one object to strive for; once attained, all the symptoms disappear as if by magic, and the further conduct of the case is easy. If the routine of cleaning out is not followed, then naturally follows long continued fevers; then do we fail to grasp the great truth, the abortability of all acute diseases. Only when this treatment is early and thoroughly carried out is it possible to jugulate disease.

Accepting this truth of the above "cleanout" principle, it follows that the next step must be intestinal antisepsis. Granting that the germ theory of disease is true, in order to put the primae viae in the best possible condition, some method must be adopted to render the germs, bacteria, inhabiting the intestinal canal less virulent, to prevent their development, to lessen the absorption of toxines, or at least to place the canal in such a condition that the bacteria fail to find that on which they thrive. No matter in which way intestinal antiseptics act, that they do act is certain and the most important thing from a practical point of view.

Stating this specifically, eliminate in every disease, no matter whether it be measles or cerebro spinal meningitis, pneumonia or typhoid fever, by giving some cholagogue, as calomel, elaterin, podophyllin, iridin, leptandrin, in divided doses frequently repeated, followed by a saline laxative in sufficient amount to move the bowels freely. Give the saline every two hours until a thorough cleaning out is attained and then frequently enough to keep the canal empty. Now follow with your intestinal antiseptic. Of these, your choice may fall on salol, an efficient and fairly safe remedy, but one producing irritation of the renal structure in long continued cases; or on betanaphthol, guaiacol, creosote, iodine, carbolic acid; all of these are irritant and have a nauseous taste. The one antiseptic which always gives satisfaction and has least disadvantages is the sulphocarbolate salt. In diarrheic conditions, the zinc salt may be given, but must be freely diluted; in constipation, the soda salt is to be preferred, and in lime deficiency, the calcium salt. Or these may be combined in the form known as the W. A. Intestinal Antiseptic, put up in 5-gr. doses. These tablets should be given in solution in 5 to 30 grain doses every two to four hours. To children, give from 1 to 5 grs.

In all cases when baby's stools begin to be offensive, clean out thoroughly and administer the sulphocarbolates. If there is much irritibility of the gastric mucosa, dilute the antiseptic with bismuth and saccharated pepsin. Half a grain of zinc sulphocarbolate, two grains pepsin, 3 to 5 grains bismuth subcarbonate is a fair average. Give every hour in urgent cases, and continue until relief is obtained. In some cases the neutralizing cordial is indicated and is most efficient. This consists of soda carbonate, sulphocarbolate of soda, wine of ipecac, fluid extract of hydrastis, or Lloyd hydrastis, aromatic syrup of rhubarb.

Digitized by Google

Copper arsenite is a safe and efficient antiseptic and astringent, and is indicated in all cases presenting vomiting and diarrhoea, pain and tenesmus. It should be given in small doses. To children from 1-1500 gr. to 1-500 gr. every 15 min. until relief. Adults take 1-500 gr. to 1-100 gr. every hour to three hours. This remedy may be given with the sulpho-carbolates.

In all summer diarrhoeas, the above treatment has given the greatest satisfaction to the writer, and is all that is usually necessary. In these cases, the autotoxemic condition assumes sometimes a most severe form, instanced by vomiting, intense choleraic discharges, high temperature, often convulsions. It is in these cases that the preliminary cleaning out by calomel and salts, followed by the intestinal antiseptics gives the most rapid relief. This is rational treatment even in those cases where the discharges are most frequent, as the irritation must be got rid of in this way.

Following this treatment, we assure ourselves of a clean absorptive and assimilative digestive tract, and know that every dose of medicine given to meet a symptom enters the system and does the work. We also know that nourishment is utilized in a more thorough manner and our patient placed in a more favorable condition for quick convalescence.

The Insane Lovers.

John W. Stevens calls attention to this subject as one of much importance to the general practitioner who first sees these cases. They are not uncommon in asylums and in neurological practice. The patient may seem clear and rational on all other subjects, so that for some time she is considered entirely sane. The maniacal insane lovers differ in certain prominent features from those of the paranoid class. In the former group the origin of this love is always to be traced to abnormal sexual excitement, increased susceptibility to stimuli, facilitated release of impulses, and the lack of the restraining influence of the ethical sensibilities in the presence of the elation and sense of well-being. At the beginning of this condition delusions and hallucinations are nearly always absent. In the paranoid case this love is only a part of a progressive and systematized delusional state. The maniacal patient often recognizes the abnormal nature of her impulses, while the paranoiac never does. The paranoiac is practically always monogamous, the maniacal often polygamous. In the latter the love disappears with the subsidence of the active symptoms of the individual attack, while in the former it remains throughout life. These patients should be carefully looked out for, not only for their own sake but for the sake of their victims.—Medical Record, August 18, 1906.

In cases of spina bifida in which the mass is small and the overlying skin not much atrophied, the protruding part may be reduced into the vertebral canal and prevented from returning by a disc of pasteboard, cork, or celluloid, held in position by adhesive plaster and bandage.—International Journal of Surgery.

Digitized by Google

Medical Societies

Pierce County Medical Society.

At the meeting of the Pierce County Medical Society, held at the Tacoma Hotel, Tacoma, August 21, 1906, the following papers were read:

"Carbolic Acid Poisoning," by Dr. F. J. Stewart, and "Hereditary Syphilis in Infants and Children," by Dr. J. R. Brown.

Carbolic Acid Poisoning.

Dr. Stewart said: When your committee asked me to present this subject, I certainly felt that it was one of importance. In view of the vast number of suicides by this so-called "Carbolic Acid Route," the gravity of the situation is very apparent, and measures should be taken to control the situation.

Carbolic acid is a product of the distillation of coal tar. It is in either crystals or crystalline masses; it readily assumes the liquid state in the presence of a little water; and it is of a strong odor and taste. Applied to the integument or to the mucous membrane, carbolic acid produces a burning sensation and also forms a whitish superficial eschar, which subsequently becomes brownish in color. When swallowed the mucous membrane appears as if brushed with a strong solution of nitrate of silver and remains hard and dry like leather. This appearance is observed about the lips, the fauces, the esophagus, the cardiac and pyloric extremities of the stomach and in the mucous membrane of the entire organ. This change is due to the power of the acid to coagulate albumin. It is eliminated by the kidneys.

Carbolic acid is distinctly a modern poison—the first case of poisoning having occurred in 1864. The fact that it is too easily accessible to the public is the principal reason for its use as a poison by persons with suicidal tendencies. Poisoning may occur from its use in surgical dressings.

The constitutional effects begin very soon after the poison is absorbed. In mild cases, the chief symptoms are, headache, dizziness and sometimes a mild delirium—the countenance is pale, the respirations irregular, and the pulse small and thready. Vomiting is occasionally present, and the breath smells strongly of the poison. In the more serious cases, the patient soon becomes unconscious, respirations irregular, and the skin livid. Death results from failure of the respiration. The fatal dose is very rapid as a rule—from a few minutes to a few hours at the most. In exceptional cases death may be delayed for several days.

In a recent case in which an autopsy was held, the mucous membrane of the stomach was arranged in rigid folds, and appeared as though cooked. The summits of the rugae appeared whitish and in the recesses it was of a deep red.

In the treatment of these cases various remedies have been tried, but with very indifferent success. The alkalies, such as lime and magnesia, are recommended. The sulphate of soda is a good chemical antidote if given in time. Alcohol has been much lauded in recent years, but it seems to me that about all that could be hoped for from that remedy is to make a solution of the acid in the stomach with a view of removing it by some means—or that the acid would be more readily absorbed after dissolving in the alcohol. Atropin seems to be the most successful physiological antidote tried thus far, having proved successful in several seemingly very hopeless cases.

Evidently suicides by the "carbolic

Digitized by Google

acid route" are frequent, and it would seem are increasing. During the month of November, 1905, there were four here in Tacoma. The question of a remedy is one of vital importance to all of us. There should be more restrictions placed upon the sale of poisons in general, and on this one in particular. This is self-evident from the frequent fatalities from this one cause.

In the general discussion that followed no new facts were brought out.

Dr. J. R. Brown believes that the solution of alcohol in the stomach is a valuable treatment—a physiological antagonist—after which the stomach should be pumped out.

Hereditary Syphilis in Infants and Children.

Dr. J. R. Brown said: This disease is transmitted to offspring in one of four ways. First, from the father; second, from the mother; third, from the father and mother; fourth, and by infection at the time of birth, in which case it is not hereditary.

The simplest form is where it is transmitted from the father. The spermatazoon is syphilitic and infects the ovum. If there are no other secretions or discharges, the semen is not capable of causing a chancre, but, nevertheless, it carries contagion.

When syphilis is transmitted from the mother it is usually, first, through a previous infection; second, from infection at the time of conception; third, through post-conceptional infection.

The mixed heredity is the worst form and is always lethal to foetus.

When syphilis is acquired by the mother as late as the eighth month of pregnancy, it is probably not transmitted to the child unless the latter is infected at the time of birth, when it becomes a case of acquired syphilis.

Colles' Law. A woman having borne a syphilitic child and not showing any active syphilis will not acquire syphilis by nursing her child, nor is she susceptible to any inoculation of the virus. This means either that she is a syphilitic herself, by having borne a syphilitic child, or that she has been immunized according to Pasteur's law by continuous slow absorption of antitoxins.

Hereditary syphilis is constitutional from the beginning; there is no primary stage, no chancre. The lesions may be classified as follows:

First—Those developing in utero which kill the foetus.

Second—There may be a living child but with lesions at birth.

Third—Lesions may appear soon after birth.

Fourth—Or they may not appear for several years after birth.

The typically syphilitic child is a most pathetic sight. The face is deeply wrinkled; its cry is hoarse and feeble. Often there is a bullous or pemphigoid eruption. It has been blasted ab initio, presenting the appearance of advanced marasmus. The skin is harsh, non-elastic and gray or icteric in color. The muscles are wasted, and the hair, nails and eye lashes usually show perverted development, as indeed do the teeth later on.

Report of Cases.

Case 1. In November of last year I confined a woman whose supposed husband is a low fellow generally. At birth the baby became infected with specific ophthalmia, but recovered from that fairly well. Following the ophthalmia he became more and more marasmatic, had the snuffles and an iritis, and finally, when about three months of age, he died of inanition.

Case 2. A man and a woman came to my office one Sunday afternoon in January of this year with a baby about six months old which was covered with a papular and bullous syphilide

Digitized by Google

of the most remarkable appearance I have ever seen. The case never came back again, so that I know nothing of its subsequent history.

Case 3. A childless couple went to the White Shield Home, about two months ago, and picked out a baby about two weeks old. The baby was quite healthy, but the foster parents stated that it had a bad cold at that time. The bad cold continued. I was called to see the child when it was a month old. At this time it showed unmistakable signs of syphilis; snuffles, icterus, marasmus, condyloma, but no other skin lesion. This child died subsequently of marasmus.

Case 4. About a month ago a man, his wife, his mother-in-law and his sister-in-law brought the most miserable excuse for a baby that I have ever seen to my office, and wanted me to tell them loud, so all could hear it, what was the matter with the child. I tried to get around the demand by using euphemisms of various sorts, but that would not do, so I told them what I thought about it. The man was not satisfied, so I referred him to Dr. Peterkin, of Seattle, a man whose powers to convince are of no mean order. Dr. Peterkin confirmed my diagnosis and placed the baby on specific treatment, but, fortunately for the baby, it died on the fourth day.

Dr. Kinnear put the question as to whether syphilitic parents bear healthy children—if so, how long after the infection?

Dr. Alice M. Smith, in discussing this subject, said: In my hospital and clinical work I have had a large experience with this disease in its various forms. Its effects upon infant mortality for its convenience may be divided into two classes, namely: the pre-natal and the post-natal.

The pre-natal syphilitics, fortunately for themselves, have a very high rate of mortality. The mother is very prone to an abortion at the third, fourth and fifth month of gestation. In these cases usually are found serious fatty or calcareous degeneration of the placenta. These abortions seem not so dangerous to the life of the mother as in abortions from other causes, unless the case is complicated by some acute disease, as pneumonia.

I do not remember that the mortality of the infants born at full term was unusually large. Had it been excessively high, I am quite sure I should not have forgotten. The reason for the low death rate in these cases was probably due to the fact that we usually had the mother under our supervision for several months before their accouchments, and during this time they were put through a vigorous course of anti-syphilitic treatment. When the infants were born they, too, had to undergo a course of treatment for syphilis. Our routine treatment was in all cases at birth to wash out the infant's eyes with a 2 per cent solution of silver nitrate. In spite of the mixed infections of the mothers, we had no cases of ophthalmia among the infants. In addition to this, we used the mercurial inunctions daily, and if the child was very poorly developed, two or three drops of brandy were given in water three times a day.

As to syphilitic parents bearing healthy children, I have a word to say. It is claimed that after a time, under treatment, this disease loses its virulence and that children are born without symptoms of syphilis. The history is usually that one or the other, or both, the parents acquired syphilis in early life, and subsequently received specific treatment. The first pregnancies following the infection are likely to result in abortion or a syphilitic infant, subsequently, however, an apparently healthy infant may be born. But nothing in the

Digitized by Google

realm of pathology is more deceitful than syphilis. At any time during the life of a syphilitic child there is danger of the latent disease manifesting itself in some of the forms incident to the tertiary stage, or in the complications due to the constitutional ravages of the disease.

It is doubtless true that the earlier in the post-natal life the infection is acquired, the later in life will the constitutional occur. Specific treatment is of the utmost importance, and very greatly retards the insidious progress of the disease.

Another interesting characteristic of syphilitic infection is difference in virulence, as to where its victims acquire the infection. Americans who become infected with syphilis in China or Japan suffer much more severely from the disease than when it is acquired in their native land—indeed, among these unfortunates brain syphilis is much more frequent and rapidly fatal than here in America. Whether there is a difference in the type of the disease in these different countries, or whether the vital resistance of the Americans is greatly reduced in that climate has not yet been determined.

Finally, I would add: once a syphilitic, always a syphilitic. All syphilitics are liars.

Mississippi Valley Medical Association.

The next meeting of the Mississippi Valley Medical Association will be held at Hot Springs, Arkansas, November 6, 7 and 8, under the presidency of Dr. J. H. Carstens, of Detroit, Mich. The annual addresses will be delivered by Dr. Frank Parsons Norbury, Jacksonville, Ill., in Medicine, and by Dr. Florus F. Lawrence, of Columbus, Ohio, in Surgery.

Dr. Norbury has chosen for the subject of his address, "Clinical Psychology," and Dr. Lawrence will discuss in his address, "Surgical Principles and Theories." In addition to these addresses there will be the annual address of the President, Dr. Carstens.

Elaborate arrangements have been made by the local profession of Hot Springs to entertain the visiting doctors and their wives, the meeting being held at one of the largest hotels, which will be specially opened in advance of the season to accommodate the Association. A cordial invitation is extended to physicians to attend this meeting, for which a large number of interesting and valuable papers have been promised.

Medical Education and Medical Progress.

George H. Grant, after referring to the ancient history of medicine, briefly reviews its progress during the past year. No subject in pathology has received more attention than cancer. The old parasite theory is no longer entertained except by a small minority of competent investigators. The constancy of the presence of Spirochaeta pallida in a luetic during the contagious period of the disease, and its absence in a nonluetic, have a significance that merits the most thoughtful attention and expectation that its causative relation may be ultimately proven. It has been shown in the past year that bedbugs having bitten a patient with pneumonia will infect others by transferring Bacillus lanceolatus through their bite. Koch's contributions to parasitology are most valuable. These refer to African recurrent fever, Texas fever, and the sleeping sickness. As to surgical progress, conservatism is probably its dominant note.—Medical Record, August 18, 1906.

Digitized by Google

Book Reviews

Diseases of the Nose, Throat and Ear. By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology, in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital; Assistant Editor the Eclectic Medical Journal; Author of a Manual on Diseases of the Eye. 117 illustrations, 12 mo., 643 pp. Cloth, $3.50. The Scudder Brothers Co., Publishers, 1009 Plum Street, Cincinnati, Ohio.

The author claims that there has been a tendency on the part of writers on the subjects treated in this book to ignore practically everything but local measures in treating the conditions which are so prevalent in the upper respiratory tract, and the structures more or less directly dependent upon this region for their proper functional action. He contends that in the majority of inflammatory conditions of the upper respiratory tract, and the ears, if proper systemic measures are instituted during the second stage, a cure will result. Constitutional measures—not sprays, gargles and douches, are needed. It is the purpose of the author in this work to aid in the selection and administration of drugs from the eclectic standpoint of specific medication.

A Non-Surgical Treatise of Diseases of the Prostate Gland and Adnexa. By George Whitfield Overall, A. B., M. D. Chicago: Rowe Publishing Co., 1906.

This is the third edition of this interesting little work. After studying, a quarter of a century ago, under two of America's greatest surgeons, Professors S. D. Gross and Joseph Pancoast, and having followed the teachings of these eminent surgeons for some time thereafter with very unsatisfactory results, the author began experimenting with local and constitutional medication, electrolysis and cataphoresis, with varied results. From time to time he devised and perfected instruments with which to apply the combined properties of medicines, electrolysis and cataphoresis for the purpose of stimulating vaso-motor contraction. The author does not claim that there are not cases where the use of the knife is indispensable. For the purpose of enforcing the idea that the surgeon's knife is used too frequently, this book is written.

The Prophylaxis and Treatment of Internal Diseases, Designed for the use of Practitioners and of Advanced Students of Medicine. By F. Forcheimer, M. D., Professor of Theory and Practice of Medicine and Clinical Medicine, Medical College of Ohio, Department of Medicine of the University of Cincinnati, etc. New York and London: D. Appleton & Co., 1906.

This generous work of nearly 700 pages embodies the result of thirty years' experience in hospital and private practice. Much space is devoted to hydrotherapy, gymnastics, exercise, diet, and always with a view to their adaptation to private practice. Both the metric and English systems of measures and weights are given. Whenever the author deems it necessary, either because the remedy should be given in a certain way, or because a combination of remedies has stood the test of long experience, a prescription is added. Surgical methods have been referred to principally from the point of view of the physician; unless there is some special object no reference is made to the technique of operations, but their in-

Digitized by Google

dications are stated as specifically as is possible in the present state of our knowledge.

Case Teaching in Medicine. A series of Graduated Exercisces in Differential Diagnosis, Prognosis and Treatment of Actual Cases of Disease. By Richard C. Cabot, A. B., M. D. (Harvard) Boston. D. C. Heath & Co., Publishers, 1906.

The purpose of this book is to aid the teacher in training his pupils to think clearly, cogently, and sensibly abou the data gathered by physical examination. The cases presented in this book has been found useful by the author in this type of instruction. They have been selected from a much larger number which he has used and tested in "case teaching exercises" during the past eight years. The auhtor goes on the principle that it is not enough for the student of medicine to recognize the physical signs of disease—a displaced cardiac apex, a succussion sound, an Argyle-Robertson pupil, a malarial parasite. Such data of physical diagnosis have to be interpreted. They do not crystallize spontaneously into conclusions. They have to be worked up into diagnoses by a reasoning process, and this reasoning needs practice. One may collect with accuracy and thoroughness the data of history and the physical examination, and then find that ne does not know what they mean—what judgment can surely be based upon them; which of them are of primary, and which of secondary importance. This work is intended to aid the diagnostician in the proper performance of his duties.

Saunders' New Books.

Messrs. W. B. Saunders Company announce for publication in the early Fall the following excellent and practical works:

Keen's Surgery: Its Principles and Practice (Volume I).

Sebotta and McMurrich's Human Anatomy (Volume III).

Webster's Text-Book of Gynecology.

Hill's Histology and Organography.

McConnell's Pathology.

Morrow's Immediate Care of the Injured.

Stevenson's Photoscopy (Retinoscopy and Skiascopy).

Preiswerk and Warren's Atlas of Dentistry.

Goepp's State Board Questions and Answers.

Lusk's Elements of Nutrition.

The most notable announcement is the new work on Surgery, edited by Dr. D. W. Keen, complete in five octavo volumes, and containing over 1500 original illustrations. The entire work is written by the leaders of modern surgery—men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of today.

$5,000 Practice.

A $5,000 practice free to purchaser of office equipment. Easy terms. Railroad town in Central Oregon; thickly settled farming community. Collections good. Address: "B," Medical Sentinel Exchange Bureau.

In children suspected of having a foreign body in the larynx it will be generally found necessary to anesthetize the patient before a satisfactory laryngoscopic examination can be made, although in the presence of severe dyspnea no time should be lost in performing tracheotomy.—International Journal of Surgery.

Digitized by Google

Extracts

Should the Physician Be Interested in Politics?

By J. E. Scallon, M. D., Salt Lake City, Utah. Read before the Utah State Medical Association May 9, 1906. Reported in the Utah Medical Journal.

This question should have received a solution in the affirmative long ago. Unfortunately the medical profession was not properly organized; there was no esprit de corps, no solidarity between its isolated members. This lack of organization alone accounts for the inferior position which our learned profession, as a body, occupies in public esteem, and the abject neglect to consult our views when subjects of vital importance to us, or upon which we can speak with authority, are under consideration.

But the first step in a paper of this kind is to define clearly what we mean by politics and politicians. Webster defines a politician: "One versed or experienced in the art of government; a statesman. Second, one devoted primarily to his own advancement in public office, or to the success of a political party, used in the deprecatory sense, a schemer, an intriguer as a mere politician."

Politics, according to the same authority, is, among other things, "The science of government, and the protection of the citizen in their rights, with the preservation and improvement of their morals. Second, in a bad sense, artful or dishonest management to secure the political success of candidates or parties, political trickery."

It is useless for me to add that the sense in which I wish to be understood when using the terms politics and politicians is the higher, the better one.

There is no man who usually stands higher in the community among his friends and acquaintances than the medical man. He is known to be at present well educated, honest, trustworthy and sober. To him the families run, in confidence, with the recital of their physical ailments, and often he is made the depository of domestic secrets, and acts as arbitrator and adjuster of many a non-medical trouble. He is the most useful man in the community, modest and unobtrusive, devoted to his work to the point of heroism, courageous and cool in the face of epidemic and danger, everyone loves and respects his own doctor. And yet there is no body of men, educated or illiterate, regularly organized or simply brought together by the passing whim or expediency of the moment, whose views are less inquired about than those of the medical profession as a unit.

What are the causes of this anomalous condition? The fault lies with ourselves. In a country where the aim is to give to the efforts of individualism the greatest efficiency possible, the one who does not take the initiative and make the effort is not considered. Petty jealousies have in the past kept us apart. Some believed that by remaining neutral some personal advantage might accrue to them; and then the good men, those who would go forward and fight, seeing themselves alone or poorly supported, simply did nothing.

Again, we have not been in the habit of acting in unison. There was no authoritative central power to give the initial impulse. Nothing was done. At the present day the A. M. A., after labors most strenuous, has succeeded in uniting the profession into a strong homogenous national and state organization, which sends its

Digitized by Google

ramifications into every county, every city. In a few days every physician in a state can be reached, informed of the nature of the proposed action and of the probable result. And so the position of the profession concerning public questions which affect ourselves or our respective communities should undergo an absolute change; and the physician should become what his talents and his peculiar education fit him for—a leader of public opinion.

But, some may ask, would you have the physician be a candidate for office, run for congress, for the legislature, and be a hanger on at headquarters awaiting the distribution of the persimmons? No! The very nature of our work will allow but very few of us to accept calls which would take us away from our practice for any length of time. But I believe that school boards especially, city councils and library boards would be greatly benefited by the presence of a few doctors. If any of the bodies need cleansing and purging the doctor is the man to do it.

The great cause of weakness of most of our governing bodies is the lack of independent men; men who are in the habit of impartially investigating and studying new subjects and forming unbiased opinions and speaking right out. We hear a great deal of business men and business methods. In my experience the weakest man on the board, one totally lacking in independence, is your average business man. His mental vision is limited by the walls of his establishment, public interests begin and end at his shop—"Everybody for myself." Besides, he is unaccustomed to investigation. His researches are entirely trade methods. He is eminently a specialist with all the narrowness the term implies. Unaccustomed to deal with or know men of the underworld, he is easily duped or cajoled. Again, his natural fear of hurting his business makes him an easy prey to the dictation of the "Boss."

A great many questions are constantly coming before these bodies which should be well understood by the physician and the sanitarian. Pure food, pure milk, pure liquors, the condition of the streets, the proper building of school houses with proper ventilation and protection against accidents, the furnishing of free antitoxin to every one for curative and preventive purposes, the free vaccination of children at stated and short intervals, the restriction of epidemics, the safety of the water supply, the examination of school children, of their eyes, ears, etc., the proper and humane care of the insane and the paupers, the placing in public medical positions of reputable medical men who have the confidence of the medical profession, and not of party hacks ready-made and often unfit, the signalling of mismanagement which may creep into public institutions. These are but a few of the subjects which come up daily which are within the range of our knowledge and regarding the proper treatment of which we should labor incessantly as medical men desirous of improving the condition of our fellow man.

What means shall we use to make our influence felt? We should discharge the duties imposed upon us by our citizenship, and chief and most important of these duties is attendance at the primaries. Let impractical reformers rant as they may about the tyranny of King Caucus, the fact remains that the primary is the only place where the vote can directly influence the action of his party. After the election of delegates the other steps are beyond his control. There would be very little need of legislation were the primaries generally attended. The presence of good men and the

Digitized by Google

selection of honest uncorruptible delegates would make the occupation of the short-haired and shoulder-striking politician a thing of the past. We would reform the whole business in an evening were we only interested enough to walk a few blocks and spend two hours a year attending to politics.

There is no hustler in any community who occupies the vantage ground the physician does for the promulgation or the elucidation of any question. He does not have to run after audiences. He is sent for. His listeners are always well disposed to listen. He has the confidence of the family. He enters into the intimacy of the household and his hearers have for him unbounded sympathy and respect. The mother and the children are his audience—the mother who respects and trusts him because she believes that he has relieved her sufferings and perhaps saved her life when she lay helpless and terror-struck on her painful labor-bed—the children whose friend he has been from their birth. What an opportunity! And does anyone believe that with such an audience all predisposed in his favor the speaker can fail to convince? Of course not. Capture the mother, get the children on your side, and you need not fret about what the father will do. He will vote just as his wife and children will ask him to, and that will be your way. You need not run after the voter, "set 'em up for the bhoys"—others will save you the trouble and expense. And the opportunity for this work is limitless. All day and all night the physician is going his rounds and meeting his audiences, and should each one do his duty, whether it be in nation, state or county, the report of ten lectures daily from each physician in the United States would fill a "Congressional library" yearly.

And then, in the matter of state legislation our influence would be enormous. Your average politician from United States senator down to the legislator from the cross-roads, is, turn about, the most cowardly and the most stuck-up individual in the world. What he wants is votes. What he dreads is vigorous opposition and an excursion up Salt Creek. If he knows you to be without influence he will turn you down with the imperial unconcern of a czar. If he knows you as a representative man, as one of a body that can strike back and make its blows felt, he will lay the world at your feet and ask you to help yourself.

Some of you gentlemen may have been placed on committees to interview governors or legislative committees. Did it not make your blood boil to see the contemptuous manner in which you were treated, to hear the coarse, witless jokes of some bumptious ignoramus who would just be in his element when telling you of the shortcomings of "you doctors?" We used to wonder at the influence wielded by the homeopaths, and lately we are astonished at the ease with which ignorant osteopaths can obstruct legislation favorable to higher medical education and tending to the protection of the human family. The politician knows we are right. He knows the amount of study and hard work needed to entitle us to a diploma in these latter days. He knows as well as we do that the other fellows are only fakers, but that doesn't count; and why? These men study and avail themselves of political methods. They combine petitions, visit the state capitals and succeed in raising such a hububb that they scare whole legislatures into their way of thinking. This has happened in every state in the Union. We blame the legislator. We are wrong in that. He is onto his job.

Digitized by Google

He knows well that we will kick, denounce him in classical style, in laborious articles written for medical journals, read only by members of the profession. He knows moreover that our efforts will cease there and that they will prove harmless. He ignores use as non-existent and he is right. For him we are simply "not in it" because we have no influence with his master—the voter. It is high time that an end were put to this state of affairs. We can do it just as easily as good men, and good men could purify politics, if they would only come off the high horse of their dignity and discharge the duties imposed by true citizenship. So can we achieve success. But to do so we must cease to be a long-enduring and over-patient inactive crowd. We must assume the place which our education, our position, our training assigns us. We must be of the people, mix intimately with our fellows, take an active though dignified interest in the life of our respective communities and be recognized as conservative, safe and efficient leaders of public opinion and authoritative educators upon matters which we can assume of right to speak. Then, and not until then, will we be listened to with respect and the yellow curs cease barking at our heels.

Discussion.

The discussion was opened by Dr. Dixon, of Denver, as follows:

Mr. President and Gentlemen: I am afraid that any attempt on my part to discuss this subject will prove that I have been rather derelict upon this matter up to the present time. Taking the views that the essayist has regarding the science of government, it becomes the duty of every member of the medical profession to take an active part in the affairs of the city, the county, or the state, in which he is living; it is distinctively his duty as a citizen to take such an interest, and especially true is this when we regard the physician not only as a citizen but as a member of a liberal and educated profession. If he assumes to be a leader in other things, I think that his influence should be felt in politics as well. The fact remains that all forms of government must be instituted and carried on by organized parties, and the influence of the medical profession should be felt in these parties for what it represents. We must have parties, and national politics and state politics to a certain extent; and it seems to me that as members of what I believe to be the best profession on earth, we can readily take this opportunity, which the doctor has shown is thrust upon us, to educate men up to a higher standard of citizenship, a higher moral and physical state of development, along lines that favor Christian advancement, irrespective of party lines. It is a fact that the average voter remains away from the primaries, and I believe this is particularly true of the doctor. The average voter simply votes the party ticket, regardless of the moral or mental calibre of the men whose names appear on the ticket as party nominees; but I believe there is a growing disposition in municipal affairs to disregard party lines, and I think that this tendency should be the very opportunity we desire to select the man or the men we believe best capable of holding political offices. To the broad-minded, the intellectual and progressive men we believe are best qualified to govern and lead, we should give our support, for in matters of proposed sanitation, school inspection, penal and other control of institutions, such men would listen to our demands, if approached in the proper spirit, and would even seek to be advised by our profession in matters relating to public health.

Digitized by Google

I believe our influence can be made greater than it has been in the past, and can be made to extend to matters to which we have not heretofore given particular attention. I believe that the example shown by President Roosevelt in the matter of American citizenship, in the fact that he had devoted his life so largely to the science of government, and even when he was so situated that these things were of but little interest to him, should be an incentive to us, a stimulus to us to awaken to the possibilities that lie close at hand. There are beneficial reforms to be instituted. We should see to it that only men of honor and integrity, men of mental amplitude, progressive men, shall lead and govern in municipal affairs. In conclusion we should become more willing and active, and give more attention to these things than we have in the past."

Dr. Smith, of Smithfield, Utah, spoke as follows:

"I agree with Dr. Dixon in all he has said, and likewise in Dr. Scallon's able presentation of the subject. This matter of organization of the profession will strike at the very root of some difficulties that we encounter; the organization of the profession will also, I believe, arouse us to a realization of our influence in municipal, state and national affairs. I believe with Dr. Scallon that attendance of medical men at the primaries is essential. After the 'boss' does what he wishes, the solitary voter has little to do but vote the party ticket. An earnest talk at the primaries, such as a public man can give, and such as the medical profession can rely upon as a man worthy of the trust, and willing to promote the interests of the community,—such a man can swing the pendulum of opinion as he chooses. Or, the doctor can appear in person and insist upon adequate recognition of the profession he represents. And, as Dr. Scallon has urged, if every member of our profession would devote two hours each year to political matters, appearing in person at the primaries and making his influence felt,—this, I think, is not an impossibility even for the busiest physician, and, considering the great good that he can accomplish in such limited time, he should regard it as his duty. The organization of medical men for furthering political considerations should start with the unit of organization, or the county society; and it is there that this work will naturally receive its greatest impetus. Many of our physicians live in isolated or remote districts, and in small communities, until they become almost strangers in the community, and, being few in number, exert practically no influence—have no voice in political affairs at all; but it is here, and in more thickly populated districts as well, that he has the opportunity that Dr. Scallon has so well pointed out, to make his influence felt. His affiliation with some district or county society will make his influence even stronger, for it would be a simple and easy matter, by concerted action, to have the profession well represented at the primaries, so as to protect the interests of the community and their own interests as well. I congratulate the doctor on his able presentation of the subject, and I trust its influence will stimulate all to action."

Dr. LaMotte:

"It seems to me that the present opportunity is a proper time and an appropriate place to get right down from generalities to particular cases. About two years ago it was thought advisable to introduce a bill in the state legislature, revising the medical practice laws of this state. The bill which was introduced was very much along the lines of the proposed legislation, about which the president of

Digitized by Google

this association addressed us in his opening remarks. There can be no question concerning the high moral ground for such a bill; there is no question of its value to the community, or the value of such a law on our statute books; the legislators did not at any time complain that there was anything in that bill which would not influence this community for good, and yet the legislature of this state blackguarded the address; they took the ground that it was a measure for the benefit of the medical profession, and they took the position as anti-medical men. There are two men in the house that led the crusade against the doctors, and yet we were only demanding efficient legislation to purge our ranks of abortionists, nondescript healers, quacks, and people of that type. One of these men is from Logan, the other a Salt Lake man. These men said the most virulent things about our profession. One said there were no medical men in Salt Lake worthy of being so considered; that their highest motive was merely that of getting a fee. He cited a lot of spurious cases, contending that these cases were given up as incurable by the doctors, or because the patients were penniless and unable to pay a fee. I investigated one or two of these cases, and I found that these statements were absolutely untrue. If we were adequately represented we would have a physician in the legislature to look after the interests of the profession, which we ought to have. There was no special effort to conceal the fact, on the part of these men, that they desired to be known as 'anti-medical' in their stand; and for political aspirations they saw fit to malign our profession and impute to us the lowest and meanest of motives, whereas the great majority of our men are actuated largely by altruistic motives and feelings most humane and sincere. It is our duty to defeat such men, or any man who would stoop to such cowardly and contemptible conduct."

Dr. Castle, of Pocatello, Idaho, said:

"This discussion recalls to mind a letter that was read by Dr. J. N. McCormick a year ago. In that address, as re-organizer, acting for the American Medical Association, he uttered some very valuable truths; and one of the most interesting points made by him was precisely what the three preceding doctors have had to say in discussing Dr. Scallon's paper, that there is a necessity for the physician to get into politics. He went on to say that in the state of Kentucky, a number of years ago, he was one among a number of others that attempted to get a certain measure through the legislature, that the measure was essentially one that would benefit the people, yet he was astonished to find that they were turned down without consideration. He showed, then, that the reason for this was simple enough; that the quacks and other illegal practitioners were organized; and by investigating the matter he found that they were even respected by the people and their pretended 'rights' protected. He showed the advantages to be gained from organization, the standing it would give the profession to be adequately represented in the legislative halls of the land. He recommended that the medical men of the country get together, and that every man wear a button attesting the fact that he belongs to an organization, the influence of which must become a political consideration." He said that the remarks of the last speaker reminded him of the conditions existing in his own state (Idaho). There was a fairly good medical laaw on the statute books, but not in effective operation. It was of but little value in

Digitized by Google

keeping out men not qualified to practice. At the last meeting of the examining board two candidates presented themselves for examination and license; they had been before the board for the third time. The supreme court of the state had passed upon the validity of the medical law, yet in spite of this one of these men was practicing illegally, and was doing so unmolested. He did not believe that this state of affairs could exist if the profession were thoroughly organized. He concurred in the beliefs already expressed that the place to do effective work is at the primaries; that every doctor should make it his business there to ascertain just how the candidates stand as affecting the interests of medical men. In some of the counties in the state of Alabama, before the primaries are held, the proposed platform is submitted to representative men in the profession; they determine what candidates are favorable to them, and the candidates know that they cannot be elected to office unless their principles are favorable to the medical laws; and so they are always submitted, as has been stated, to the medical society of the state first. It is a living fact there that the question is invariably asked of a candidate, "How do you stand in regard to the medical profession, to sanitary measures, etc?" For these reasons he believed that the only effective plan was organization, and that all should get together for mutual benefit.

Dr. R. W. Fishers: "It has been said that medical men have no political influence, but I hardly agree with this statement, except in a general way; yet Dr. Scallon says they have not, and he generally always says something worth listening to when he takes the floor. I believe that the doctors have some influence, at least in this city, and they demonstrated that they had at the last session of the legislature. In order to show you the methods pursued, we succeeded in getting a committee appointed to father the bill presented to the legislature, and it was reported upon favorably. It employed a lawyer, and while we did not get our law through, we were able to continue our old law. The only difficulty we had was this: that after our measure had been agreed upon by the examining board, the county and state societies, some one of our members went down there and pointed out the defects in the law. I believe that this act did more harm than anything else. These objections should not have been made there; they should have been made in our county society; and if the county society and the examining board agreed on a measure we should have supported it. That gave the impression, as some remarked, that the doctors were all the time fighting. We had a meeting with some of our Christian Science friends. We asked the first leader of the Christian Scientist Church some questions, but they said they did not want to break the law, and that they were law-abiding citizens and didn't know that any members of their church were practicing medicine in any of its branches. All we asked of them was that they would cease practicing medicine. The situation was an embarrassing one when one member said that he represented the Christian Scientists, that he was attorney for the Christian Scientists, and yet he had taken the oath as a legislator. But the medical profession is a power, and it has influence to further its aims, which are always in the line of moral and intellectual advancement. We can get around the political bosses in a manner in which we will not be interfered with; we can start a crusade in the family circle; we can educate our

Digitized by Google

friends and patients; we can disseminate knowledge among them; we can make our laws effective, and I believe we can get together into an effective organization. We must go to our lawmakers as the emissaries of the societies to which we belong, and we can do effective work individually also. We can explain what the American Medical Association is; we can show that its members are men of reputable standing in the profession and representative citizens as well; that in order to get into this national organization a man must be so; that the State Association is made up of component societies, and we can show the qualifications for admission to these unit organizations. Armed with these considerations, if every member of the profession will do his part, I am confident that we will be able in the future to make our influence felt."

Dr Crichlow said that he believed individual members of the profession could accomplish much in reaching the ear of the men who make our laws. He thought that the strongest and most availing plan was to reach the individual man; and it was not an uncommon thing for a prominent medical man to personally know members of the legislature, and, knowing such a man, he could use his personal influence. If we have our purposes well defined, we can tell the same to our friends in the legislature; and he believed that this plan would prove an effective one, better than a committee of men appointed by a society. "If you will pardon me for making a personal illusion, I would like to state that at the time of the pending osteopathic measure Governor Wells and I were warm friends, and we got to discussing this matter privately at the time the bill was pending. For some reason or other, he began to think that what I told him was exactly what I felt on the subject. He said, 'there may be pros and cons, but I think this measure should be vetoed; there is no doubt in my mind now, after what you have told me; this bill must be vetoed.' Then he said, 'if you will put what you have said in a terse statement, giving me in an itemized form your reasons why this bill should not become a law, I will veto it; but I want a crystallized expression from you setting forth the 'several points you have made clear to me.' I wrote up some eight or ten reasons why this osteopathic bill should be suppressed. In like manner if the governor can be reached through personal friendship, we can reach the speaker or president of the senate or the speaker of the house. Give him your unbounded confidence, a straight talk on the matter, and you will find this a most effective way for getting what we wish. The entire legislature can be influenced in our favor."

Dr. Barnes, of Creston, Ia.: "I will not refuse your kind invitation to say a word, but I shall not occupy your time but a moment. I came in from Los Angeles this morning, and I saw in the morning paper that a meeting of the State Association was in session, and I came up here, unobserved, I thought, for the purpose of quietly comparing this body with our state society; but I soon found that I was discovered, and it is a pleasure to be here, I assure you. You have not the numerical strength, the quantity, but I am pleased to say that I think you have the quality all right. The discussion of this paper has been very interesting to me, and the diagnosis that I have made is this: that you have some Irish blood infused in the arterial trunks of your organization. They are a live wire, wherever you go, wherever you find them. The points under consideration are well taken. We are dealing with the same questions that you are trying to meet

Digitized by Google

intelligently, but there are several gentlemen here who have made remarks that are absolutely correct. The average politician considers only the votes he wants to get. In taking a stand on any question he figures out, 'How is this going to affect me? If the Christian Scientists are strong, I will stand in with them.' Assuredly it is a united profession that we need. I was down in the southern part of California the other night, a little out-of-the-way place, where a little county society was having their annual banquet, and there were only twenty members present, I believe; but their wives and daughters were there, and all were enjoying each other's society. They were all on good terms—all friends. I was surprised, astonished; but I found that when they want anything done they stand together. This was certainly a united profession. Recently I was discussing this matter with a Catholic priest; we were speaking about medical organizations, when he said: 'Why, doctor, it seems that you are fighting among yourselves all the time; the trouble is this, that one says the other is a quack and a thief, and the other retaliates in a similar spirit, and I think the community takes you at your word.' I believe in a united profession, and if we were efficiently organized, we could get any measure through we desired. We all know that if any practitioner has any individual influence he should use it. I do not care to take up your time further. Our society meets next week at Des Moines. We have a very large membership, and shall have representatives from all parts of the state. We anticipate a well-attended and interesting session. I am not a politician, but I stand pretty close to a politician, and our influence is being felt in the legislature."

Dr. Scallon concluded the discussion of the paper as follows: "I am certainly thankful and appreciative for the kind consideration given this paper. It is undoubtedly true that the doctors have a power and influence, but it is equally true that we have not in the past made much use of it. The reasons for this have been stated and reiterated. Indifference to take a part in matters not directly of a medical nature. We have remained inactive and aloof too long, and we have been a little bit too much afraid of adverse criticism. The Association of American Medical Colleges exacts a four years' course, but the state board will not accept a diploma, although earned by hard and honest work, as prima facie evidence of our skill or ability or the right to practice medicine. We have to present ourselves before an examining board, and should we find it necessary or desirable to move to another state, we have the same examining board to face. On the other hand, these people that we would exclude as ineligible are people of inferior or very superficial education; they do not even recognize the fact that they may do great harm. I have not come in contact to any extent with the Osteopaths, or with irregular practioners, as we had the confidence of the people where I practiced before locating in your city; although I practiced in the East over a period of thirty years, we were not bothered in that locality by many of these healers, osteopaths or Christian Scientists. A year and a half ago I had to present myself for examination before the examining board of this state, and I must say that I was treated very cordially. The examination was fair and square; yet when a student I had to learn two pathologies, one of which was the organizable fibre arising from some mysterious power; then the younger members of the profession were expounding the researches

Digitized by Google

and doctrines of Virchow, that every cell comes from a pre-existing living cell; but if a student ignored the former and didn't give the old fibrin myth, he was likely to be plucked. I had to study the old chemistry, and the new. I prepared myself for examination as well as I could, but I entered the room frightened and sweating. The queer thing that struck me when I went into hte room was a number of women sitting around. There was nothing peculiar about the women themselves, but I wondered what they could be doing sitting there. I understood that they were candidates for the practice of obstetrics. It may be that they are competent and qualified, but I believe we all recognize the fact that when we have a difficult case we must be 'Johnny on the spot,' or the mother and child are going to die. In my opinion, there is no position in which a medical man finds himself that calls for the exercise of more intelligent action than in the obstetric art. Well, the same questions were passed all around, and the women told all about how they would deliver kids 'on paper.' But the funny part of the story is this: We had a very intelligent woman some time ago who used to do our washing; she gave up her position and announced that she was going to register in the school of obstetrics, and not long afterwarls, in looking over the list of recent graduates, at the head of the list we saw the name of our old washerwoman. She was smart, but she could hardly read or write, and how she could acquire all the knowledge necessary to manage a difficult case of labor, to say nothing of the practical application of laws governing aseptic surgical procedures, and in such a short space of time, gentlemen, I leave you to guess, as it is a mystery to me. Now, we are either a lot of fools to spend from eight to ten years in getting a preliminary education, followed up by a four-year course in medicine, and possibly after that a year or two serving an internship or taking a postgraduate course, or we are not awake to these startling realities. If the osteopaths and others were required to attain to an intellectual plane on a par with what we are required to come up to, we would not find it necessary to discuss this question as we are doing. But we know positively that it is not possible to get the required knowledge by inspiration or by a few months' attendance at some nondescript institution. We know that the accusation that we are 'out for the stuff' and want all the persimmons is a malicious falsehood, because every step taken to better the general health, is charged up to us as done for pecuniary gain, and for personal or ulterior motives,—that any reasoning being could place such a villainous interpretation upon the altruistic motives of the medical profession is certainly unique; yet we are regarded as narrow-minded, bigoted and a red-taped body of men that cannot be made to understand broad situations. Now, gentlemen, about the only way to convince these men is to show them our power, and unless we mix intimately with the life of the community in which we may be living, and unless we show that we are a superior class, but not conceited in our expression of it, we will continue to remain nil as a factor in municipal affairs; we will continue to be men of influence whose influence is not felt. We must do as Tolstoy,—be with them, live with them, mingle with them, give them the 'dope' all the time, day and night."

An Interesting Decision.

The Supreme Court of Oregon says that Miller vs. Beaver Hill Coal Co.

Digitized by Google

was an action to recover for the breach of an alleged contract by which the company agreed to provide the plaintiff with necessary medical and surgical attention, at a hospital maintained by it, in case of his injury while in its employ. The evidence showed that the company had a hospital at its mine in charge of a physician at which its employes, and those of subcontractors paid through its office, were entitled to be cared for free in case of sickness or injury while in its service. For the support and maintenance of the hospital $1.50 a month was deducted from the wages of each employe by their consent, or at least without objection from them. The plaintiff, while at work for a subcontractor, was seriously injured by an iron splinter penetrating the abdominal wall. He was taken to the company's hospital and the wound examined by a physician temporarily in charge during the absence of the regular physician. The physician found the wound to be of such a character as to require a surgical operation which could not be performed by him alone or with the facilities at his command. He telephoned to the nearest town for assistance, but was unable to obtain a surgeon from that place and thereupon at the plaintiff's request telephoned to another place to a physician, who went to the mine and performed the necessary operation. The physician charged the plaintiff $250 for his services, and, the company refusing to reimburse him therefor, this action was brought to recover the amount.

The court reverses a judgment rendered in favor of the plaintiff. It is of the opinion that the evidence fell far short of proving a contract by the company to provide the plaintiff with necessary medical and surgical attendance in case of injury. It says that the evidence merely showed that a certain sum each month was contributed by the plaintiff and his fellow employes, or exacted by the company, for the support and maintenance of a hospital for the use of the employes. There was no evidence that any statement or promise was made by the company to the plaintiff, or any of its employes, as to the object and purpose of the contribution or the benefit they would receive therefrom, other than that it was for hospital purposes. The transaction, therefore, under the testimony, constituted in law nothing more than a subscription by the plaintiff and the other employes for the charitable purpose of maintaining a hospital, where they could obtain such medical attendance and hospital accommodations as the fund thus subscribed would afford. A sick or injured employe was entitled to the use and benefit of the hospital and the medical services thus provided, to the extent of the money contributed for that purpose, but he was not obliged to go to the hospital or to accept the accommodations. He could, if he chose, go elsewhere and employ physicians and attendants other than those provided by the company, and, if he did so, the company would not be liable to reimburse him therefor.

The only liability assumed by the company in collecting the fund was to expend it for the purpose for which it was subscribed, and no other. The mere fact that it received or exacted the contribution did not impose on it the absolute duty to furnish each contributor all the medical or surgical attendance that he might need or require, whether the fund provided was sufficient or not. The only duty of the company was to use ordinary care in the expenditure of the money and in the employment of physicians and surgeons in charge of the hos-

Digitized by Google

pital, and it was not responsible for the negligence of the surgeon so employed in going away and leaving the hospital in charge of another.

Japanese Military Sanitation and Hygiene.

By Baron K. Takaki, Surgeon-General (Reserve) of the Imperial Japanese Navy; Formerly Director of the Medical Bureau of Japan.

Because an army is a fighting machine, it is obvious that its efficiency must depend primarily on the men of whom it is composed. For that reason the selection of recruits at the time of enlistment is a matter of considerable importance with us in Japan. A high standard of physical health and strength has been adopted, with which every enlisted man must conform. A weak man is not much better than a sick man. Sooner or later he will fill a cot in a military hospital, and that probably at a time when he is most needed in the field, and when hospital accommodations are taxed to their utmost.

Next to the soldier himself the most important factor of an army's efficiency is the food which is supplied. How vitally important in military hygiene is the regulation of diet, may be gathered from the single circumstance that during my period of service as surgeon-general of the Japanese navy, I succeeded in all but totally extinguishing kahke or beri-beri from the navy, merely by introducing a new diet. For thirty-three years or more the disease had wrought fearful havoc in the army and navy. As a result of considerable experiment, I discovered that the food of the average Japanese soldier and sailor contained too much carbohydrate and too little nitrogenous material. Instead of containing one part of nitrogen to 15.5 parts of carbohydrate, as it nominally should have contained, the food of the Japanese army and navy comprised about 1 part of nitrogen to 18 to 28 parts of carbohydrates. After much opposition I succeeded in introducing a new regimen, in which a better proportion was observed. Kahke almost immediately disappeared, and has been practically unknown in the navy for twenty-two years.

During the recent war the problem of serving rations was one of the most difficult with which we had to cope. Food was sent to the front under strict superintendence. Victuals were also bought in the field; but the utmost precautions were taken in the purchase for fear of poison. During the severe winter the men were ordered to wrap their provision boxes in flannel and to strap them beneath their overcoats, in order to prevent the freezing of moist foods. Whenever rice was eaten it was previously cooked—a standing order. In the heat of summer a small amount of acetic acid was added to the rice or barley, in order to prevent its decomposition. Besides eating the rations which the commissary department supplied, the men were permitted to buy eatables, following, however, the strict letter of the regulations. No soldier was permitted to purchase directly from the natives. Sake was served by the medical officers to the amount of two ounces. The men who cared nothing for sake, were given sweets. In general, it may be said that the food supply was scientifically distributed in accordance with the recommendations of the medical staff. Army surgeons inspected whatever was eaten, both before and after cooking. Rations were never served to fatigued men, because of the possible harm which might have been done. Unripe fruit was disbarred. Tea and tobacco were used in mod-

Digitized by Google

eration as stimulants after hard marches.

Extreme indeed were the precautions taken to supply potable water, and successful because they were extreme. Water was transported in special wagons drawn by four horses. A boiler cart drawn by one horse provided the necessary means of distillation. In addition the men were instructed to boil their drinking water in their provision pans, when they were unable to supply themselves from the boiled-water wagon of the company. At every mess each soldier filled his canteen with boiled water. Whenever a stream was resorted to, the men were instructed to take only the water in the center of the stream, so that the impurities that cling to the bank were avoided. Even this water was boiled.

To the medical staff was assigned the duty of locating suitable water supplies along the line of march. Medical scouts were sent out to test wells and springs. If the water of a well was unfit to drink, a signpost was erected at the spot giving timely warning of the dangers that lurked in the well. If it were advisable to boil the water, a conspicuous notice was also posted. Guards were sometimes stationed about springs of impure water; for a weary, hot soldier, thirsting for a cool draft, is not apt to be over-nice in his selection of drinking water.

Next in importance to good food and pure water comes the matter of bodily cleanliness. Clothes, shirts, blankets, and the like were washed with scrupulous care whenever an opportunity presented itself. The character of the clothing, too, received not a little attention. Too much clothing causes excessive perspiration, and is therefore injurious; too little clothing is manifestly a poor protective against cold. During rest or while on sentinel duty, the men were warmly clad. When undergoing much bodily exertion, they rid themselves of all that was superfluous.

The overcoat was perhaps the Japanese soldier's most indispensable article of wearing apparel, serving him as it did, not merely for keeping him warm, but also often as a bed. After a severe rain it was dried on reaching quarters. Shirts and socks were washed very frequently. In cold weather the fet were swathed in bandages of flannel. Bootsores are caused by stiff, unyielding shoes. For that reason the soldiers softened their boots, first by soaking them in water, and then by treating them with melted lard. Wet shoes were not allowed to dry quickly; they were bound in straw or cloth, and dried out gradually. When shoes or boots were so badly torn that they became useless, and no shoes were available, the men were instructed to bind their feet in dried grass or straw, and to cover this first wrapping with cloth. Straw shoes were also worn in such emergencies.

Before a long march was undertaken, or before going into battle, the soldiers were made to bathe, to arrange shoes and socks properly, to repair broken strings and laces, and to fill their canteens with boiled water or tea. Cloths were disinfected at frequent intervals by special apparatus. During the march excessive drinking of water was forbidden, because thirst is thus not assuaged. Water was permitted only in quantities necessary for the preservation of bodily strength. The eating of ice or snow was likewise forbidden. In winter barracks the men were prone to use the Japanese charcoal pot. Inasmuch as there was much danger of asphyxiation, the use of these pots was sanctioned only when proper ventilation was possible. Summer insect pests, however, gave us more trouble than winter ventila-

Digitized by Google

tion. In Korea and China flies are annoyingly numerous, and consequently a splendid means of carrying infectious diseases. We took special precautions to dispose of all refuse and manure, and succeeded in reducing the number of flies considerably. In order to guard against infection as much as possible, the soldiers were made to wash their hands before eating.

The drinking of boiled water and the eating only of cooked food made typhoid, dysentery, and cholera almost an impossibility. To be sure, we did lose men by disease, but in all human history there has never been a record like ours. We established a record of four deaths from bullets to one from disease. In the Spanish-American war fourteen men died of preventable sickness to one man killed on the field of battle. The following table gives a comparison of the mortality from disease per 1,000 men in the Japanese-Chinese war and the Japanese-Russian war:

Japanese-Chinese War.

	Cases.	Deaths.
Cholera	82.27	50.86
Typhoid	37.14	10.98
Malaria	102.58	5.29

Japanese-Russian War.

	Cases.	Deaths.
Cholera	None.	None.
Typhoid	9.26	5.16
Malaria	1.96	0.07

Some difficulty was experienced from smallpox, prevalent to a certain extent among native Chinese and Koreans. Still, out of 347 cases only 33 resulted in death, due probably to the fact that the medical staff carefully inspected all houses and camp sites before their occupation by the troops. Of typhoid fever there were in all 9,722 cases, resulting in 4,073 deaths. Of dysentery there were 7,642 cases and 1,804 deaths. The actual number of officers who were killed outright was 1,657; of petty officers and soldiers, 41,562. The rate of instant death in the navy was 51 per cent, in the army 28 per cent. The discrepancy is due no doubt to the high explosives used in naval shells. To the strict medical precautions which were taken may be attributed the good health of the army and its comparative freedom from infectious diseases. Our invasion of Manchuria was an antiseptic invasion. Disinfecting apparatus played as big a part as cannon in our ultimate victory.—Scientific American.

Medical Education and Medical Legislation in the United States.

A number of improvements in the medical education conditions in the United States are brought out in the annual educational number of the Journal of the American Medical Association, Aug. 25, 1906. This issue contains an elaborate array of statistical tables which represent an immense amount of information and which will bear study from many points of view. There is a brief statement concerning each medical college in the United States, giving the number of students and graduates last year, the date of opening and closing of the next session, the faculties, the lengths of the sessions, etc. The tables show the distribution of the medical students by states, both as to source of the students and as to destination of practitioners. Another table shows the comparative size of cities where the colleges are located with the number of colleges and the number of graduates. In the accompanying editorial numerous smaller tables appear, giving important deductions in regard to students, graduates, schools, length of sessions, etc. Appearing also in this number of The Journal are statistics regarding exam-

Digitized by Google

inations for license to practice medicine, held in the various states during 1905, and tables giving valuable information concerning medical registration as well as the successes and failures of graduates of the various medical colleges. Twelve different tables are presented relative to medical registration. There is also an article showing what states have established reciprocity, and on what terms.

Insomnia.

A noted English physician writing in a current magazine relative to the treatment of Insomnia, expresses his appreciation of the use of morphine during the first few hours after an operation, but adds, "it is, as we all know, a most valuable remedy, but it is not a drug to give in chronic cases, for the morphine habit is readily established," and then concludes by saying, "when there is great depression of the nervous system, combined with mental irritability, benefit may be derived from a course of nervine tonics." aniel's Conct. Tinct. Passiflora Incarnata has proven strikingly successful in just such nervous diseases as this physician enumerates. Its value is established in the fact that it does not depress the heart or produce harmful after effects. Passiflora exerts a sedative effect on the cerebral centers and in the treatment of insomnia is safer and more efficacious than the reputed hypnotics.

OBITUARY.

The death is announced of Dr. P. D. Stephenson, of Baker City, a retired physician. For fifty years Dr. Stephenson had lived in this state. In 1852 he settled in Oregon City, and commenced to practice medicine there. He later moved to Portland, then to The Dalles, and in 1876 to Baker City. He was active in the practice until about ten years ago, when he retired to his farm. He was 78 years old at the time of his death.

Dr. L. A. Port, for forty years a resident of Salem, died on August 11th, at San Diego, Cal., at the age of 75 years. Dr. Port practiced medicine and ran a drug store in Salem altogether for nearly forty years. He moved a few years ago to Southern California. He was highly respected by all who knew him, and old-timers regret his departure.

Dr. Irving Washington Hewitt, of Spokane, died on the 20th ult. Dr. Hewitt had not been in active practice for two years, but his active work as a physician had been done in Nebraska, where he lived for over twenty years. He moved to Spokane two years ago, with the intention of resting. The change of climate did him good for awhile, but he eventually succumbed to Bright's disease. A son is practicing medicine at Ritzville, Wash.—Dr. David A. Hewitt.

Dr. Richard Sandford.

Dr. Richard Sandford, who died at Glencoe, Or., on the 29th of August, was born in 1822, at London, England. He received his degree of medicine from the London Hospital in 1848. In 1849 he sailed for this country as surgeon on a steamer bound for New Orleans. He shortly after located at Peoria, Ill., and practiced there until 1852, when he crossed the plains to Oregon in an ox team, settling six miles north of Portland. In 1873 he went to Colusa County, Cal., where he practiced three years. He then returned to Portland, and later went to Silverton. In 1878 he moved to Clackamas County, and seven years later settled in Glencoe, where he resided until his death. He leaves a widow and three children.

Digitized by Google

Personal

Oregon.

Dr. G. W. Stephenson has located at Medford.

Dr. D. C. Lazier has opened an office at Weston.

Dr. A. G. Prill, of Scio, was an Albany visitor last month.

Dr. W. H. Morse, of Salem, was a recent visitor in Portland.

Dr. J. A. Reuter, of The Dalles, spent his vacation at Seaview.

Dr. B. A. Cathey, of Corvallis, went to Cascadia for his annual outing.

Dr. John D. Shaw, of Salem, was in the Cascade mountains last month.

Dr. and Mrs. M. K. Hall, of La Grande, spent a week at Long Beach.

Dr. E. O. Dutro, formerly of Dufur, Oregon, is now located at Hood River.

Dr. D. M. Jones, of Sodaville, was in Albany calling on friends last month.

Dr. J. W. Harris, of Eugene, has just purchased a residence for himself.

Dr. and Mrs. A. Copron, of Medford, have returned from their vacation trip.

Dr. C. Wells Whitcomb, of Myrtle Creek, has been seriously ill for some time.

Dr. D. A. Paine, of Eugene, is putting up a fine brick block in his town.

Dr. W. H. De Vore, of Canyonville, visited his brother at Drain last month.

Dr. H. L. Henderson, of Astoria, went to Niagara Falls early this month.

Dr. M. K. Hall and family, of La Grande, were visitors in Rainier recently.

Dr. J. H. Rosenberg and family, of Prineville, had a fine time camping in the mountains during the heated term.

Drs. F. A. and F. J. Bailey, of Hillsboro, spent a month in visiting Alaska.

Dr. Fred W. Vincent spent several weeks of the hot weather at Bingham Springs.

Dr. B. A. Cathey, of Corvallis, had some excellent luck deer hunting in Cascadia.

Dr. A. P. McLaren, of Rainier, was seriously injured in a buggy accident last month.

Dr. Max Axelwood, of San Francisco, was calling on his Portland friends last month.

Dr. H. E. Bears, of Wasco, Or., was calling on his Portland friends early this month.

Dr. W. H. Davis, of Albany, was in Tangent last month, making a professional call.

Dr. and Mrs. O. D. Butler, of Independence, had a pleasant visit in California lately.

Dr. Claude R. Matthis, of Amity, and family, spent their summer vacation at the coast.

Dr. J. F. Calbreath, of Salem, spent part of his vacation at the Nye Creek beach last month.

Dr. E. B. Pickel, of Medford, had some visitors last month from South Dakota and Kansas.

Dr. L. F. Griffith, of Salem, had a cottage for his family at Newport during the hot weather.

Dr. J. H. Pleasants, of Central Point, went into the mountains for a ten days hunt last month.

Dr. A. F. Sether, of Glendale, went to New York the latter part of the month, and will stay away for several weeks.

Digitized by Google

Dr. and Mrs. L. A. Kent, of Portland, spent part of the vacation season at Warren, visiting friends.

Dr. O. D. Butler, of Independence, spent his annual hunting and fishing vacation in the Alsea country.

Dr. and Mrs. J. C. Michaux, of McMinnville, took a rest last month in Southern Oregon, where they have friends.

Dr. S. T. Songer, of Ashland, has some mining interests in the region south of Colestin, and he visited that section last month.

Dr. and Mrs. Benaiah Job, of Cottage Grove, had a pleasant reception at their home last month, to meet friends from Butte.

Drs. Saunders and Walsh, of Union, have been appointed surgeons for the Oregon Construction Company and the Central Railway Co.

Dr. J. L. Hill, of Albany, **Dr. Chas. L. Williams**, of Junction, and several others went fishing and hunting in the Cascades last month.

Dr. L. W. Brown, of Eugene, has been investing in a couple of Angora goats for his farm. The doctor now has about 300 head of goats.

Dr. N. G. Blalock, of Walla Walla, was in Portland last month. He was inviting a number of Portland sportsmen to go and help in his rabbit drive.

Dr. S. A. Knopf, the well known New York physician, was in Portland last month, and visited the Open Air Sanitarium for Tuberculosis at Milwaukee.

Dr. Fryer, of the Chemawa Indian School, is taking a great deal of interest in the tuberculosis camp that he has established for the benefit of the Indians.

Dr. and Mrs. J. C. Booth, of Lebanon, attended the meeting of railroad surgeons at San Francisco, and then visited in Los Angeles and other Southern California towns.

Dr. Claude Fryer, the government physician at the Chemawa Indian school, is treating his consumptive charges with the open air method, and is meeting with success.

Dr. T. E. Beard, of Grants Pass, has decided to quit the profession, and has sold his office and business to Dr. T. P. Love, who took possession on the 1st of September. Dr. Love is already a successful practitioner at Grants Pass.

Dr. Francis J. Hall, son of Dr. and Mrs. Jos. T. Hall, of Portland, was in Portland last month on his way to take charge of a hospital at Pekin, China. Dr. Hall is a graduate of Yale and of the Johns Hopkins Medical College, class of 1905.

Dr. S. A. Knopf, formerly of Portland, but now of New York, paid a visit recently to the Open Air Sanatorium at Milwaukie, and gave some excellent suggestions. He expressed himself as highly pleased with the excellent work being done by Dr. Pierce.

Washington.

Dr. J. R. Shuman has commenced to practice at Sunnyside.

Dr. W. S. Wallace has decided to locate at Cunningham.

Dr. John R. Persons, of Castle Rock, has located at Tacoma.

Dr. H. Westfall, of Ft. Simcoe, spent his vacation at Butte, Mont.

Dr. J. C. Moore, formerly of Seattle, has removed to North Bend.

Dr. A. D. Snyder, of Miles, was a visitor in Spokane last month.

Dr. and Mrs. W. A. Mitchell, of Colfax, had an outing at Chatcolet.

Dr. and Mrs. J. C. McCauley, of Ellensburg, spent a month at Nahcotta.

Digitized by Google

Dr. R. D. McRae, of Hunters, was in Davenport last month.

Dr. C. J. Lynch, of North Yakima, spent six weeks on the coast.

Dr. G. W. Hoxey, of Leavenworth, was a Spokane visitor last month.

Dr. M. C. Baker, of Oakesdale, made a business trip to Moscow last month.

Dr. S. D. Cameron, of North Yakima, spent a short vacation on the Sound.

Dr. Joseph Walender, of Wenatchee, is talking of locating on the Sound.

Dr. I. U. Temple, of Clarkston, had a ten days' trip to the Nez Perce region.

Dr. Eugene Hamley, of Sprague, visited last month at his old home in Iowa.

Dr. Edwin H. Van Patten and wife, of Dayton, spent ten days at the seashore.

Dr. A. S. Williams and family, of Ellensburg, have moved to Fairbanks, Alaska.

Dr. W. S. Dartt, of Palouse, visited his native state, Minnesota, last month.

Dr. A. A. Mathews, of Spokane, has just returned from a pleasant trip to Alaska.

Dr. Y. C. Bialock, of Walla Walla, spent a wek last month at Bingham Springs.

Dr. Wm. M. Green, of Granite Falls, went to Seattle last month to see an old friend.

Dr. G. J. Hill, of North Yakima, spent several weeks in camp during the summer.

Drs. Dumont and Primer, of Centralia, have each purchased a new automobile.

Dr. and Mrs. F. R. Burroughs, of Ritzville, have returned from their eastern trip, which kept them away from home two months.

Dr. John M. Semple, of Spokane, spent two weeks with his family at Lake Chelan.

Dr. and Mrs. Chas. S. Kalb, of Spokane, had a three weeks' outing at Whitefish, Mont.

Dr. and Mrs. F. C. Jones, of Sunnyside, spent a week at Blaine during the hot weather.

Dr. and Mrs. F. C. Jones, of Sunnyside, were glad to get home from their vacation trip.

Dr. O. R. Austin has located in Aberdeen. The doctor comes from Mason City, Mich.

Dr. F. C. Robinson, of Walla Walla, was at Milton early last month on professional business.

Dr. McCown, of Prosser, spent two weeks in the Pend d'Oreille country fishing and hunting.

Dr. Thos. Tetreau, of North Yakima, spent part of the holidays with his family at Port Townsend.

Dr. and Mrs. W. E. Russell, of Walla Walla, spent a month of the summer at Long Beach.

Dr. and Mrs. W. A. Mosier, of Tekoa, went into camp for part of the heated season at Chatcolet.

Dr. C. C. McCown, of Prosser, was at Kennewick, Wash., recently, on official business as health officer.

Dr. D. A. Hewitt, the health officer of Ritzville, was recently called to Spokane by the death of his father.

Dr. Emil Otto Houda, of Roslyn, has been chosen chief surgeon of the Roslyn-Cle Elum Beneficial Association.

Dr. N. G. Bialock, of Walla Walla, was appointed by the governor a delegate to the irrigation congress at Boise.

Dr. George E. Fell, of North Yakima, is a civil engineer as well as a physician, and he has been giving

Digitized by Google

some expert advice to the city council on sewer location.

Dr. P. D. McCornack, of Spokane, had a two weeks' camping trip at the headwaters of the St. Joe river, Idaho.

Dr. G. W. H. Moore, of Davenport, had some fine fishing in Clear Lake, and brought home the fish to show for the trip.

Dr. L. L. Porter has left Roslyn and gone to North Yakima. His many friends in the mining town very much regret his departure.

Dr. P. S. Byrne, of Spokane, has gone into politics and has accepted the position of chairman of the democratic county committee.

Dr. and Mrs. George A. Gray, of Spokane, have returned from a trip of a month in several Eastern states. They stayed awhile at Rochester, Minn., at the Mayo hospital.

Dr. P. B. Swearingen, of Tacoma, is interested in a desert claim near Kiona, and he is having a well drilled thereon, with a view of converting his land into a fertile plain.

Dr. Henry J. Whitney, of Davenport, remarked the other day that there was only one other citizen in Davenport besides himself that had been doing business there for a continuous term of twenty years.

Idaho.

Dr. J. W. Givens, of Orifino, was a recent visitor in Lewiston.

Dr. J. C. Woodward, of Payette, was in Portland last month.

Dr. J. W. Givens, of Orofino, was a Lewiston visitor last month.

Dr. S. M. C. Reynolds, of Meridian, was a Boise visitor last month.

Dr. J. B. Morris, of Lewiston, called on his Portland friends last month.

Dr. Elizabeth Todd, of Lewiston, was a Portland visitor last month.

Dr. A. Blitz, of Boise, went to the G. A. R. encampment at Minneapolis.

Dr. W. H. Carithers, of Moscow, was a Troy visitor last month on business.

Dr. O. F. Page, of Sand Point, visited his parents at Seattle last month.

Dr. and Mrs. J. E. St. Jean, of Wallace, have returned from their Eastern trip.

Dr. T. W. Nickel, of Grangeville, took a trip to the reservation last month.

Dr. J. M. Fairley, of Orofino, had a patient last month in Whisky Creek meadows.

Dr. L. J. Perkins, of Lewiston, went last month into the farming country around Orifino.

Dr. B. F. Miller and family, of Nampa, spent their outing at Glenwood Springs, Colo.

Dr. G. S. Stockton, of Grangeville, had a two weeks' camping trip at Resort Hot Springs.

Dr. J. H. Crampton, a graduate of the University of Kansas, has opened an office at Lewiston.

Dr. L. J. Perkins, of Lewiston, was called into the Waha section to see a patient last month.

Dr. Pettenger and family, of Boise, were away from home several weeks on a vacation during the summer.

Dr. G. M. Waterhouse, of Weiser, is interested in some mines near Warren, and when other physicians were resting, he was doing assessment work.

Montana.

Dr. J. G. Lobb took a trip through the Yellowstone Park last month.

Digitized by Google

MEDICAL SENTINEL

OCTOBER
1906

Volume XIV **Number 10**

Notes

The Spokane physicians are very actively agitating the matter of a pure water supply for their city.

The State Board of Health of Oregon proposes to enforce the law which requires physicians to report cases of contagious disease that come under their notice. County physicians who do not bring suit against delinquent doctors in their counties are themselves to be removed.

The Lane County Medical Society held a meeting last month, at which it was determined to plan a complete lecture course for physicians during the coming winter. In discussing the water supply of Eugene, they decided that at present the water is unsafe to drink, and recommend that citizens continue to boil it until further notice from the society.

The physicians of Washington are trying to take steps to have the legislature of their state provide a separate building for the care of the criminal insane. They believe that such persons should not be mixed promiscuously with the unfortunates who have developed no criminality in their lives.

On the 15th ult. the semi-monthly meeting of the Lane County Medical Society was held at the office of Dr. T. W. Harris, at Eugene. A committee was appointed to secure a permanent place of meeting, and to negotiate for the establishment of a medical division at the public library. Dr. W. L. Brown read a paper on Hereditary Descent; Dr. Ira B. Bartle one on Bacteriology, and Dr. P. J. Bartle one on Materia Medica.

The movement, started at the last meeting of the Washington State Medical Society, to have the physician's fee raised from $5 to $10 for examining persons charged with insanity, is a good one. Dr. J. M. Semple, of

Digitized by Google

Spokane, introduced the resolution, and it carried. Now if the doctors will see to it that men are elected to the legislature who will enact the suggestion into law, they will get into politics to some good purpose.

The osteopaths of Washington are getting interviews in the state papers, expressing opposition to proposed legislation at the forthcoming session of the state law makers. The State Medical Association discussed the matter more or less, and some suggestions were made as to how the laws should be amended. These suggestions the osteopaths did not like. They state that the public want osteopathy—which is probably true.

Mayor Harry Lane of Portland assisted in the opening ceremonies of the new hospital at Albany. Father Lane, a cousin of Portland's Mayor, was largely instrumental in securing this hospital, the building having been originally put up as a residence for the late Father Metayer. It was bought from his heir by Father Lane, who personally became responsible for the purchase price. It is expected that Sisters of Charity will take charge of the hospital.

In eleven states of the Union, the State Federation of Woman's Clubs have secured the passage of a law requiring a nurse or attendant on an infant up to the time the child is two weeks old, to report to a competent physician any inflammation in its eyes. The penalty for failure to make such a report is a fine of $100. Many a child is blinded because of such neglect as this beneficient law seeks to have removed. Nothing but good can result from the enactment of such a measure in every state in the Union.

In a discussion on the subject of pure water and sewage disposal, at the Washington State meeting, the suggestion was made by Mr. W. J. Roberts, sanitary engineer, that public water supplies and sewage disposal should be absolutely under state control. He scored the English for the misleading theory that running water purifies itself after traveling seven miles, and contended that the typhoid bacillus is peculiarly tenacious of life, and that guidance by the English theory means great mortality from typhoid fever. Some excellent suggestions along this line were made.

Two of the most distinguished medical men of the United Kingdom were recent visitors at Vancouver, B. C.—Sir William Henry Broadbent and Sir Thomas Barlow. Both came to Canada to attend the medical convention at Toronto. Sir William Broadbent is physician in ordinary to King Edward, and the author of various works on the Pulse and the Heart.

Digitized by Google

Sir Thomas Barlow is physician to the King's household, and was physician extraordinary to Queen Victoria. They were very properly impressed with the wonders of the Pacific Coast as seen in British Columbia.

During the latter part of the summer there has been altogether too much typhoid fever in the state of Oregon. From the beginning of the year to September 1st there had been 600 cases reported to the State Board of Health, with 61 deaths. In nearly all the cases reported the source of infection has been primarily from water supply. During the hot, dry season, when the waters are low, the streams and wells become infected. But the most serious outbreak generally comes immediately after the early rains, when the surface refuse is washed into the springs, wells and water courses. The Board of Health, in their report, figure that the people of the state have paid $182,000 tribute to carelessness and filth, in the cost of the typhoid epidemic which has just invaded the state.

The people of British Columbia are exercised over the establishment of a hospital for the care of tuberculous patients. Meetings are being held, and an effort being made to raise $100,000. It would seem that much less than this amount would be enough to make a good beginning with open air buildings for the treatment of the disease. If so large a sum is secured, most of it should be reserved for a permanent fund, the interest of which should go to maintenance. The construction of solid buildings for such a purpose is not the wisest thing, although our neighbors in the British possessions are dearly fond of putting up massive buildings that will last for all time. Plenty of fresh air on broad fields, in a climate not too rigorous, is what is needed for this particular disease.

Open Air Sanitorium.—The suggestion is an excellent one that the Open Air Sanitarium at Milwaukie be donated to the state. The sentiment seems to be very general that the state should make an appproprіation for the care of consumptives who are unable to pay for treatment, as well as for those who can bear some of the expense. The plant in Milwaukie is in good running order, and all that it needs to make it a complete success, without harassing anybody, is to have the state behind it, with funds enough to maintain it. The work is one that should not be hampered for lack of funds. It has been necessary during the past year for the management to refuse to take those unfortunates who could not pay at least something towards the actual cost of their maintenance, or who did not have frienas that would pay this. There is just as much reason why the state should care for consumptives who are unable to bear the expense of caring for themselves, as those who are suffering from mental troubles. If the lines laid down by the Milwaukie institution are followed by the state, and if politics are kept out of it, a shining example for other commonwealths will be exhibited.

Digitized by Google

Editorial Notes

Neurasthenia in the Pacific Northwest.—Elsewhere we reprint an article from the Seattle Post-Intelligencer on the Treatment of Nervous Diseases in the Pacific Northwest. Our lay contemporary refers to the article by Dr. Wm. House, printed in the Medical Sentinel, in which the theory was advanced that the climate of the Pacific Northwest is especially adapted to the treatment of nervous diseases of all kinds. The Post Intelligencer approves of this theory very strongly, but rather assumes that all the antinervous characteristics of the climate are to be found exclusively around Puget Sound. This we may permit to pass as an evidence of the intense loyalty that all our Seattle friends feel to their particular section of the slope; but the P. I. must be corrected somewhat in its further statement that this climate offers no hope of recovery to those affected by tuberculosis of the lungs. Whether the P. I. says this because of its intense desire to be fair to our California neighbors, who make a specialty of caring for tuberculosis, or whether it is from ignorance of the facts, we cannot say. There is no climate where under the best conditions there is a finer chance for the tuberculous to get well than here. The Open Air Sanatorium at Milwaukee is a standing evidence of the truth of this statement.

Dr. Franklin Cauthorn.—The Medical Sentinel expresses its own regret, and the regret of the multitude of friends Dr. Cauthorn has in Portland and the Northwest, in his leaving this country for a foreign clime.

Dr. Cauthorn has been appointed local surgeon for the "Interoceanic Railway of Mexico" at Puebla, a branch of the Mexican National System of Railways.

Some years ago the Doctor was a resident of Sonoras, Mexico, and surgeon for "The Indiana-Sonora Copper Company," going there at that time in quest of health, which he found, returning to Portland some three years ago. The Doctor has picked up the threads of his surgical practice here, dropped by absence, and was enjoying a lucrative practice, which is again broken into by his departure at the present time.

Dr. Cauthorn is one of the best known surgeons in the Pacific Northwest, and in fact on this coast, and his medical confreres in Mexico are to be congratulated on their climate and other conditions for directing him to that section.

The Doctor has spent the greater part of his professional life in this country. He was for many years professor of the "Theory and Practice of Surgery" in "Willamette University," the oldest medical school of this North Pacific Coast, and was very actively engaged in the work of the college until it was removed to Salem. He was also Professor of Astronomy in the "State University of Oregon." He was surgeon to the Portland and St. Vincent's Hospitals, the Northern Pacific Railroad, and held other appointments of this character. He was physician for the city two years ago, but gave it up only when stress of private work compelled him to abandon it.

Dr. Cauthorn has held every medical position of honor here possible for appreciative associates to render him. He was president of the State Medical Society and of the City and County Medical Society. He has been noted as a skillful surgeon, careful and conscientious, generous to a fault. His ethical sense is highly developed, and his considerate treatment of his

Digitized by Google

professional brethren has made him the host of friends which he has, and who now regret his departure. The Doctor is an A. M. from the Literary Department of the Corvallis Agricultural College.

Professor John Uri Lloyd.—Professor Lloyd is to be congratulated upon the fact that the late Surgeon-General Walker of England, without any correspondence upon the subject during the life-time of the Surgeon-General, upon his recent death, at the age of 86, left a bequest of $30,000, together with his magnificent private library, to the Lloyd Public Library of Cincinnati. This library is the most noted of its kind in the world. It is devoted to botany, pharmacy, materia medica and allied sciences. The herbarium contains more authentic reports in its own field than all the other museums in the world combined. This library is devoted more to the study of specific actions in medicine along the clinical side than along the theoretical side.

Dividing the Fees.—The discussion on this subject will never be closed. When Gabriel blows his horn, if there are two doctors still left on this planet, the discussion will be going on between them. Here comes a Minnesota doctor, who presents a proposition of this sort: A mile from Rochester, Minn., Dr. Will Mayo went to see a young man who was sick. The trouble was diagnosed as appendicitis, the patient was taken to St. Mary's Hospital, the operation was performed, and the patient duly made an uneventful recovery. Dr. Mayo got for all his services, including the trip into the country, $150. The Minnesota doctor writing had a case also a few miles from Rochester. He made a careful diagnosis of the case; arranged for every detail preceding the operation; referred the case to Dr. Mayo for operation, and charged $50 for what he had done. Dr. Mayo got $150 for the operation. The patient made an uneventful recovery, as did the former patient. But it cost him $200, instead of $150. The question is asked why the last patient should have to pay $200 for the same service that was rendered Dr. Mayo's patient for $150? In other words, should not Dr. Mayo's charge have been $100, considering that he did not have to go into the country; did not have to diagnose the case; did not have to advise the patient to go to Rochester for operation. According to the ethics of the family physician of the last patient, the surgeon should have said to the country doctor, "you have done one-third of the work and very properly charged him for your services. Now I will do my part of the work, which is two-thirds of the service, and charge him $100, so that the entire fee shall be just to him, in amount." It looks to the country doctor in this case as though the professional surgeon who is talking about the division of fees, wishes the country doctor to hunt around diligently among his patients for cases of major surgery, do all the preliminary work, assume a large part of the responsibility, and then turn the case with the entire pay over to the surgeon. He adds that he sees "no reason why he should be a grovelling feeder for a surgical hog." This is decidedly strong language, but such language is liable to be used when one's pocket is touched in a way that is felt to be unfair.

An Automobiling Evil.—Eminent authorities tell us that however much the climate of the Pacific coast may conduce to steady nerves, and however much it may tend to a restoration of nerve strength and equilibrium to those who need it, even the climate

Digitized by Google

is not proof against nerve troubles which come as a result of too rapid automobiling. We all recall the bicycle days, when the monkey-faced scorcher, with bent frame, fixed his eyes on the road ahead, and worked himself into a frenzy of excitement. When he reached his journey's end he could not enjoy the peaceful sleep which would have come with a rational day's exercise in the open air. The automobile is declared to be responsible for much irritability and nerve wrecking wherever the auto-scorcher is found. We have him here and the greater success the good roads movement meets with, and the more lax the country police are in enforcing the state laws relating to speed, the greater will be the number of nervous wrecks from too rapid automobilisg.

Solving the Problem.—One correspondent thinks he has solved the intricate problem involving the matter of two many doctors, reciprocity, and the charge that the profession is an alleged trust, by insisting that before a student is admitted to a medical school, he should have an A. B. degree from some reputable college. By that time, this correspondent believes, the student "would have sense enough not to rush into a field that is already filled to overflowing." He believes that if all physicians possess the A. B. degree, "they would have a more general feeling of equality and respect for each other, and the public would know the physician as an educated man." Then he would abolish all state examinations, and let every man who had passed a federal examination practice anywhere in the country. This is not a very new solution of the problem. But the insuperable difficulty that strikes one at the outset is the fact that medical colleges will not agree to it. There is no power in the United States that we know of which can compel the medical colleges of the country to demand such a requirement of their students. Until this can be done, this particular correspondent's suggestions are of little practical value, and the state examining boards will be required to worry along as best they may, keeping incompetents out of the profession.

Dr. Punton's Trip.—Dr. John Punton, the erudite editor of the Kansas City Medical Index-Lancet, took in the A. M. A. meetings at Boston, and then ran across the Atlantic for a short trip. He tells his readers in the September issue of his journal of some of his preliminary arrangements and promises in later issues to give more details as to the journey on the water and experiences abroad. Dr. Punton was thoroughly entitled to such a trip, and it doubtless did him a great deal of good. As he rightly says, no class of men and women are more prone to ignore their own teaching than physicians, and many physicians who are broken down in health owe their condition to overwork. Dr. Punton proposes to keep young as long as he can, although the way he hurried over the ocean and back would indicate that he did not rest very much by the trip. Experience teaches most physicians who have taken the trip abroad, that there is nothing particularly restful, or tending to permanently remove that tired feeling which comes from overwork, in a hurried trip across the water, that has crowded into six brief weeks seven thousand miles of ocean travel, visits to numerous hospitals and clinics, interviews with various eminent practitioners, and constant observation along the lines that he has been following in this country for years. The Doctor, the next time, should spend

Digitized by Google

a few months far away from all doctors and hospitals, as near the heavenly vault as his heart will stand, where he can view the Alps close at hand, and do nothing but eat, sleep and walk around. Anyhow, his readers will watch with interest his account of his journeyings, and they will be able to gather some valuable hints to govern them on similar trips that they may take at a later date.

The Over Supply of Doctors.—There is but one way to meet the condition which prevails all over the civilized world, of an over supply of doctors. That is, to raise the educational standard. Wherever medical men are gathered together—whether in state or district society meetings, or elsewhere, the subject is almost sure to come up for discussion. One cannot take up a medical journal but there is reference to the overcrowding of the profession. In France and England—in fact in every Europeean country—the same discussion is going on. The Association of French Physicians have just issued a circular in which they claim that "the overcrowding of the medical profession in France has today obtained the extreme limit of endurance. The consequence is that we and our families are every day experiencing greater financial distress. And yet a crowd of thoughtless youths continue to enter upon the study of medicine, and the number of medical students is manifestly greater than could possibly be demanded in the future."

This sounds very much like the story we hear elsewhere than in France. While the tendency for the old established practitioner is to give a hand of welcome to the young physician, and to encourage him all he can, yet the feeling prevails that the profession is being overweighted with numbers. Yet this is a free country. Every young man that wants to become a doctor has a right to become one. No trades union of the profession can restrict the number, as is done in the plumbing, bricklaying and other trades. And yet the scheme of restriction works even too well in those trades, much to the discomfiture of the person who has bricks to be laid or plumbing to be done.

The medical schools cannot be expected to work in the direction of restricting the number of students. It must come from the examining boards of the different states. These boards, however, are influenced by tendencies more or less political, as they are appointed by the governors of their respective states, and the appointing power has, as a rule, very little information as to whether there are too many medical men in the country or not. The entire question of the raising of the standard of the profession, first as to general education, and next as to special education, lies with the legislatures and governors. It is certainly a very roundabout method of securing the desired end. But it cannot be neglected any more on that account. The physician who is well established, and in the enjoyment of a good practice is not as keenly aware of the pressing need for action as practitioners who are differently placed. The medical men who are alive to the importance of this question, should take up the matter in their societies, and formulate plans to effect a gradual tightening of the lines in every state.

A State Sanitary Engineer.—It is not enough for the State Board of Health of this state to modestly ask the legislature to create the office of State Sanitary Engineer, whose duty it will be to look after the general health of the people so far as sewage disposal is concerned. They must do

Digitized by Google

more than that; they must work on the individual members of the legislature; appear before committees; enter the arena of politics, and push their measure with all their purpose. They need to get the press educated along the right lines, and the public must be made to feel the necessity for something being done. Many counties have suffered grievously because of the present lack of system. City councils have been backward in performing their duty; localities that have had no central authority to watch such matters, have had their citizens suffer and die, when expert advice would have prevented it.

A number of states have found that a state sanitary engineer is an extremely valuable official. In Massachusetts he examines the plans for industrial plants and gives advice to such factories as are in need of better drainage. He plans sewer systems for the various towns. The health of the state has felt the effect of his work.

Leaving out the city of Portland in order to compare more accurately the surrounding cities, reports have been received by the state board of health from 69 cities and towns regarding their water supply, ownership of the same and disposal of sewage. Of these there are 22 cities which have a sewer system of some sort. Of these, 13, representing a population of 55,757, are adequately sewered. The remaining nine, representing a population of 25,000 are not adequately sewered and for the most part have practically no sewer system at all.

The remaining 47 cities, representing a population of 38,445, have absolutely no sewer system. Thus in the cities from which reports have been received, leaving out Portland, there are 63,845 people congregated together with inadequate facilities for the disposal of sewage.

Of the 69 cities, 32 own their own water systems and 37 are owned by private citizens or else have no municipal water system at all, using ordinary well water. Of the 13 cities rated as adequately sewered, 10 own their own water plants and in three the water system is owned by private individuals.

Of the nine cities having inadequate sewer systems, six own their own water supply, the other three being owned by individuals.

In 41 cities the water supply is taken from rivers or natural springs, and in 19 from dug or bored wells, and in nine from individual wells. Three cities—Albany, Oregon City and Eugene—use filtered water.

That typhoid fever and other infectious diseases which spring from bad sanitation have not been more frequent is surprising when the sanitary conditions of many towns are known. In Baker City, for example, the health board says that not over one-third of the houses are connected with any sewer system whatever. About half of Ashland is sewered. Forest Grove has no system whatever. Neither has Klamath Falls, with a population of 2,000, or Springfield, with a population of 1,200. With a population of 4,500, Grants Pass has no sewer system.

In Eugene the sewer entered the Willamette at right angles. Consequently when there was any current in the river the sewage was backed up by the force of the current sweeping past the outlet. Other cities also show plenty of examples where money has been spent without the best results being obtained.

It is such defects as these the state sanitary engineer is to remedy. He would also be a consulting engineer to the health authorities of the counties of the state and could materially assist them.

Digitized by Google

THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

THE BATTLE STILL ON

With the subsidence of the medical politics, incidental to the holding of the annual meeting of the A. M. A., we hoped that there would be a complete cessation of such acrimonious discussion, as was indulged in before the Boston meeting. That meeting was something like a national convention of one of the great political parties, and the profession was more or less worked up by attacks and counter attacks that had taken up much space in the medical journals. It was not a question as to who should be president of the association, for that is chiefly an honorary place, conferred upon eminent practitioners whom the doctors of the nation delight to honor. Nor was it a fact that every critic of the management of the Association desired to have a hand in the management himself. But criticism was in the air; some of it, perhaps, uncalled for; some of it doubtless was worth making. The great question was—not as in a national convention of political parties, whether we shall stay by present policies regarding tariff, colonization, finance—but whether the present system of management should prevail; whether the present editor should be permitted to pursue his present course; whether the present method of keeping the books and publishing the result should obtain hereafter; whether there should be a greater effort put forth to have the reading and the advertising columns of the Journal, track.

These questions were taken up at Boston and disposed of in the lump. The doctors who had contributed the money to buy the presses and type, the buildings and furniture, and whose annual contributions of five dollars apiece have made the A. M. A. possible to exist today, showed that they were satisfied. At least, they were not dissatisfied to the extent that they wanted a change at this time. It is not necessary to insist that they were thoroughly satisfied; that they felt everything was being managed in the best and most straightforward manner. But it is fair to assume that this was the case, and the management today feels sure of its ground, and is satisfied that for

Digitized by Google

another year, at least, it can please the men who are responsible for keeping them in power.

There are some points in common between the management of the A. M. A. and the management of the great insurance companies which are just now under a cloud. But the insurance companies had millions of dollars where the A. M. A. had thousands. There was greater temptation for cupidity in the large organizations, and the honesty of the managers of the A. M. A. have never been subjected to the strain that would have been the case if they had had millions instead of thousands to deal with. Besides, the members of the management are well known as honest men, willing to devote a small part, at least, of their leisure, to the work of the association. The men in active management of the work are men of capability, able to command good salaries wherever they may be put.

It is a question if continued haggling and argumentation over the situation is good for the Association or for the medical public. The readers of medical journals will generally read with interest the attack, reply and rejoinder ad libitum, but, after all, it is not a profitable discussion, beyond a certain point. Presumably there is a great temptation on the part of the management of the Association to reply to every forcible attack that may be made upon it, and it is a matter of personal judgment whether attacks and criticisms that may be made shall be noticed or not. The A. M. A. Journal has lately announced that it will take up at length criticisms upon its methods, and it looks as though these replies would string out to an inordinate length, and perhaps tire the reader.

THE CARE OF THE INSANE

The confirmed pessimist despairs of the ability of the American people ever to properly govern themselves. Our city affairs are mismanaged because there is too much politics in them; men are put into place because they are successful ward-heelers, who are thoroughly incompetent to perform their duties. This is the case on the Atlantic as well as the Pacific coast. The virus of the political machine extends its ramifications everywhere, even into the public institutions where unfortunate individuals who are bereft of reason are kept at public expense. In many states the insane asylum is considered a part of the spoils of the party or the faction that is uppermost. In some state conventions deals are made as to who shall be trustees of the asylum, who shall be the superintendent, and who the steward. Wavering county delegations are placated and influenced by being promised a certain number of positions for attendants; the boss farmer is selected, not according to his qualifications, but because he has a political pull. Then after election, when the men nominated at such a convention are duly elected, and sworn in, they proceed to carry out the ante-election agreements. Once installed, the superintendent and board of trustees set out to make a record of cheapness, so that they may hold their jobs. The only thing the more or less exceedingly practical taxpayer

Digitized by Google

seems to understand is how deeply his pocketbook is touched for the support of the institution.

Even the politician, if he can once be brought to think in other than a political frame of mind, will conclude that this is all wrong. If he had a wife, son, or daughter, brother or sister who was the victim of such an arrangement, he would see the folly of it quickly enough. Sometimes this matter is brought home closely to us, either by scandals in these institutions, or by our relatives or friends being confined in an asylum that is blighted by political methods. We are glad to believe that in most public asylums, the superintendent and his assistants are deeply interested in their work, and are giving the best service to the unhappy persons in their charge that they possibly can. Speaking generally, they work hard, by day and night, to alleviate the mental distress of their patients. But where there should be six physicians, there will be one, and all because the public has been educated to expect a low rate per capita for maintenance charges.

Those who would reform the present system point to the British methods, by which a commission in lunacy, composed of men eminent for their knowledge as alienists, exercise a supervisory influence over the public asylums in their country. It would seem to be impracticable to follow this plan here in a way that would extend beyond state lines. It is also apparently impracticable for the sparsely settled Western states to make a business of educating their alienists from interne to superintendent, as is done in New York state, or as is done in foreign countries. The Western states, especially, are working in a rut that it is hard for them to get out of, and at the same time, the results they are able to secure are necessarily poor. This is due, not to the fault of our asylum superintendents and their assistants, but entirely to the system. The unhappy mortals who are the victims of the present system are entitled, in the name of all charity and humanity, to such a change as can only come from a great public awakening. When these public utilities are divorced from politics, and thorough efficiency and not cheapness is demanded, a reform will begin to dawn.

CARING FOR CONSUMPTIVES

While, if taken in time, the consumptive can often be cured, yet there is always the danger of his giving up the treatment that is especially needed for his case, before he is back again to normal health. The consumptive is an optimist; even when he is within a few days or weeks of the grave, he thinks he is getting well rapidly. This optimism is very often an indirect cause of a setback, especially if the patient is paying for his treatment. It is a common drawback, not only in institutions where consumptives are cared for, but in institutions making a specialty of other diseases, that the patient will, half the time, not be guided by the physician whose advice so far has brought him away from the gates of death. He feels so much better. He believes that he can pick up the threads of his business; or, if a

Digitized by Google

woman, she wants to go back to her family cares and children. Often such patients, much improved, do as they like, and half cured, relapse again into their former state. Many a consumptive who has adopted outdoor life in a climate especially productive in his case of healing influences, knows more than his medical adviser, and too soon departs from the influences that are curing him, goes to a more rigid climate, begins life under less hygienic conditions, and falls a victim to his headstrong conduct. Physicians treating special cases have many troubles, and one of the greatest is that the patient, sometimes aided and abetted by his relatives, when he is nearly recovered, insists on having his own more or less headstrong way, and acting as though recovery were complete. Too often the result is disastrous.

THE WOES OF THE TRAVELER.

The traveler in European countries has woes that are all his own, but as distances are usually short, they are not the particular woes that confront the traveler in this country. The particular woe that we are now thinking about, is that of the unhygienic character of the cars, especially the common coaches, on long journeys. We may exclude from consideration that vilest of all coaches, the one devoted to the use of smokers; for if anyone desires to occupy seats there, he has himself to blame for the evils that follow their occupancy. But the common coaches, which a great many respectable people must perforce occupy, are, during a long journey, productive of much agony of spirit to the person who is naturally clean in his habits. The floors are scattered with the remains of luncheons, fruits, nuts and candies, and the odor is that peculiar and especially obnoxious one of unwashed humanity, adult and youthful. Periodically the brakeman comes along with a broom, and stirs up the filth and microbes, much to the annoyance of the passengers. The suggestion is made, though it is scarcely practical, perhaps, that the cars should be cleaned in transit at some station where a long stop is made, when passengers can disembark if they are so inclined. But we all know how difficult this operation would be, with babies and baggage inextricably fixed in a crowded car, the passengers not feeling quite sure that they would be able to secure their seats again, after once giving them up. In the Pullman cars the situation is a little better. There the babies, and the children of larger growth are liable to be cleaner, better clothed, and more conscious of the amenities of advanced civilization. But there, even, with the plush seats, stuffy upholstery and sometimes crowded and overheated condition, there is need for much reform.

Heating, ventilation, the condition of the toilet closets, the water supply, these are all questions that need careful attention, and the physicians of the country find it on their hands to promote greater hygienic efficiency, through their constant discussion and reiteration of the general principles that should govern our common carriers, in taking their customers from one end of the country to the other.

Digitized by Google

CAESAREAN SECTION NECESSITATED BY A PREVIOUS VENTROSUSPENSION.

By C. W. BALES, M. D.
Kelso, Wash.

I wish to report the following case, as it demonstrates the difficulties to which the suspension operation may lead if done before the menopause.

In March, 1906, I was consulted by Mrs. C. J. G., a multipara of 28 years, relative to her future confinement. She was quite nervous and apprehensive as to the result of her approaching labor, gave a history of previous trouble, prominent in which was a complete perineal laceration, with a resulting recto-vaginal fistula which had not been closed, and a suspension operation done a year or two previously.

Anticipating further trouble, I strongly advised her to enter an institution for her confinement, and hearing nothing from her for some weeks, I supposed my advice had been followed.

During the night of May 7, I was called to see her at her home, found her in an ordinary bedroom on a bed-lounge.

On palpating the abdomen, I found the uterus had a peculiarly globular form, and was elevated fully two inches above the symphysis pubis. I was unable to determine anything definite as to the position of the child, excepting a rounded mass to the right of the umbilicus I took to be the child's head. On oscultation, with the stethescope, no fetal heart sound could be heard anywhere. On digital examination, the cervix could not be reached.

As at that time the pains were neither severe nor frequent, I returned home and told the husband to report to me the next morning, which he did, stating that the pains had not increased to any appreciable extent. An afternoon report was that she was practically the same.

I saw her again in the evening. The uterine contractions were increasing in power and frequency, but examination showed the same conditions I have described above, the cervix still being beyond my reach.

I saw her again at midnight. There being practically no change, I determined to find the cervix, and to see what progress, if any, had been made.

After anesthetizing the patient, I passed my hand into the vagina and near the promontory of the sacrum. I found a small cervix presenting "end on," with no dilatation whatever.

I decided then to wait for daylight and assistance, and try a man-

Digitized by Google

ual dilatation and delivery, as it seemed to me a version or section was about the only thing to do.

In the early morning Dr. F. M. Bell was called in consultation, examined and found the conditions as I have described and agreed with me that version should be tried first, and failing in that, section.

After a hypodermic injection of morphine, gr. ¼, atropine and digitaline of each gr. 1-100, Dr. Bell gave chloroform, and, with much difficulty, using my right hand as a cone, I dilated the cervix, found the uterine canal to bend sharply forward, showing marked anteflexion, and that the right elbow presented. I early recognized it would be no ordinary case of version, and sent for Dr. F. A. Bird to assist me, and for my wife to act the part of nurse, in case the Caesarean operation should be necessary.

I found it utterly impossible, bimanually, to grasp either the head or a lower extremity and bring it near the uterine outlet, the right arm always presenting and being in the way. My hand seemed to pass behind and above the child, then to flex sharply forward as soon as it passed into the uterus, the right side, arm and back of the child being the only parts easily palpable.

After more than thirty minutes of fruitless effort to turn the child, and almost an hour under chloroform, the additional help having arrived, I decided to operate at once. Patient was placed transversely near one end of the lounge. While hastily scrubbing the abdomen with green soap and 1 to 1000 bichloride of mercury (nothing else being done) patient was given, hypodermically, strychnine sulph. gr. 1-30, one bulb of aseptic ergot (P. D.) and fifteen minims of a 1 to 1000 solution of adrenalin hydrochlorate.

Operation.—I made an incision five inches in length, along the inner border of the right rectus muscle, ignoring the slight hemorrhage, and without the use of a single hemostatic forceps on the abdominal wall, I cut directly down on the uterus. Hastily clamping two large vessels on its surface, I carried the incision through the uterine wall onto what proved to be the child's head. Quickly enlarging this incision each way with scissors, using my finger as a guide to protect the child's head, I applied my obstetrical forceps (which was ready) to the child's head and delivered it through the incision without difficulty, but, unfortunately, the attendant failed to resuscitate it. I immediately introduced my hand through the incision into the uterine cavity, separated the placenta and delivered it easily. The ammonic fluid had practically all escaped per vagina during my efforts at version. The uterus was sponged out quickly, and its walls closed by a single line of interrupted catgut sutures through its entire thickness, no extra stitches in its peritoneal covering being taken.

The abdominal wall was closed without drainage, with three lines of sutures, the peritoneum and muscular layers with running stitches of catgut, and the skin with interrupted silk. The wound was dusted with baro-salicylic powder (Senn) and dressed in the usual way.

While the uterine hemorrhage was quite free, it was not so alarm-

Digitized by Google

ing as I had anticipated, which was perhaps due to the timely use of the ergot and adrenalin.

No attempt was made to deliver the uterus through the abdominal incision, as some authors suggest. Neither was there any drainage placed in the cervix.

Immediately after the dressing was applied, the patient was given an enema of normal saline, which was followed in a short time by a vaginal douche of 1½ per cent phenol. This was repeated every four to six hours the first three or four days, for the double purpose of stimulating the patient and cleansing the lower bowel and vagina, thus guarding against infection per vaginum, as we had the fistula to deal with.

At the close of the operation the pulse was 120, strength and volume fairly good.

The temperature on the third day rose to 101 degrees, but in a few hours subsided to normal and remained so.

Patient's recovery was uneventful, was permitted to sit up in fifteen days, and was walking about town in three weeks.

Remarks.—The fundus of the uterus being firmly attached to the abdominal wall, when pregnancy occurred the body and cervix were forced upward, hence the anteflexion and high position of the cervix in this case.

The flexion being so acute, the contracting force of thirty hours labor had no effect in dilating the cervix, and rendered version seemingly impossible with the hand at such an angle.

The transverse presentation in this case, with face to front, was largely due, no doubt, to the distorted shape and position of the uterus.

Three points in this case deserve special attention, viz:

(1) The prolonged chloroform anesthesia without mishap, notwithstanding a well-marked cardiac murmur.

(2) Primary union with no wound infection, following such a hasty preparation of the field.

(3) No infection through the vagina from the recto-vaginal fistula.

Recent Work in Pathology and Physiology.

H. A. Christian, Boston (Journal A. M. A., August 25), in his chairman's address before the section on Pathology and Physiology of the American Medical Association at its recent session, calls attention to the work done in the medical laboratories, public and private, in this country and its dependencies by American workers. He especially notices the government laboratories at Manila and the work done there, the work done on tropical diseases at the University of Michigan, the combination of investigation in the lines of experimental medicine, physiology, medicine and surgery at the Johns Hopkins University, and the foundation of institutions for medical research in New York and in Chicago. The work of the various government and other commissions is also mentioned, and he remarks on the higher scientific trend of many of these investigations of late years which he thinks marks a new and important phase of American medical investigation.

Digitized by Google

ACETANALID POISONING.

By E. L. SUTHERLAND, C. M., M. D.
Sheridan, Mont.
Member American Medical Association, Montana State Medical Association, Madison County Medical Society, Rocky Mountain Interstate Medical Society, Formerly House Surgeon to the Women's and the Western Hospitals, Montreal, Canada.

Read before the Montana Medical Association, May 10, 1906

In view of the interest that is being taken at present in patent and proprietary medicines, as evidenced by investigations and exposures, and also because of the increasing literature regarding toxic effects produced by acetanalid, especially in the form of headache powders, I thought that it would not be out of place to present a few case reports at this meeting, bearing on this subject.

I believe that the subject in question is of vastly more importance than would appear at first thought, and it is very probable that many cases of obscure etiology are due to the use of Acetanalid, the symptoms varying in degree and intensity, according to the amount ingested and to the idiosyncrasies of the patient.

The habit is by no means uncommon and is on the increase.

Two interesting cases of Acetanalid addiction are reported by "Luce" in "American Medicine, Sept. 26, 1903."

It is by no means improbable that many sudden deaths, commonly ascribed by coroner's juries to heart failure, are in reality a direct result of the indiscriminate use of this drug in the form of some easily obtained nostrum. Acetanalid, Antifebrin or Phenylacet-amid is obtained by the action of boiling glacial acetic acid on anilin. The latter is a powerful blood poison and its derivative possesses to a certain extent the same characterisics.

Ninety per cent of the patent headache powders on the market contain Acetanalid as their chief ingredient, and there is absolutely no regulation upon their sale. The drug is frequently dispensed by pharmacists without prescriptions.

A number of so-called ethical proprietaries, advertised to the profession as true chemical compounds, have been shown by the Council on Pharmacy and Chemistry of the American Medical Association to be nothing more or less than mixtures containing Acetanalid.

The reason for its universal use in these preparations is because of its cheapness, costing less than two cents per ounce. Phenacetin is a safer drug and fully as effective, but the profits are what the manufacturers of patent medicines are after, regardless of the health of the people at large, and, consequently, Acetanalid fills the bill very well.

I regret that the records in my cases do not contain full blood and

Digitized by Google

urinary analyses; but these patients were seen in the course of a busy general practice, and, consequently, will be presented from that standpoint.

Case No. I. Mrs. Y. H., aged 34 years, pregnant four months. Had been troubled with dizziness, shortness of breath on exertion, anorexia, nausea, and severe headaches for six weeks. When first called at fourth month, I found her in a state of profound collapse. Unconscious, ears, lips and nails deeply cyanosed, pulse 140, weak and compressible. Urine, scant, dark, acid, specific gravity 1026, with trace of albumen.

At first I regarded the case as uraemic in nature, but questioning elicited the fact that she had been taking Bromo Seltzer for sick stomach and headache. Had been using the drug two weeks in tablespoonful doses, as necessary for relief of pain.

She was quite sick for three days, but gradually improved under treatment, and was fully recovered in two weeks.

Case No. II. Mrs. G. L. B., married; aged 32 years. Complained of severe headaches, backaches and nervousness for years. Has retroversion and laceration of cervix.

Present illness—Been troubled with dizziness and shortness of breath for one week. Had fainted twice on day I was called in. Condition—complains of queer feeling in head, could not concentrate her thoughts and, as she expressed it, at times lost her memory. Was nauseated, face and nails cyanotic, pulse 135, soft, compressible and intermittent. Urine scant, dark colored, specific gravity 1028, no albumen or casts. Recovery was prolonged, and it was two months before she was herself again. Cause—Had been taking "Perfection Headache Wafers" over a space of three weeks. On day I was called in she had taken two inside of an hour.

Case No. III. Mrs. H. I. J.. aged 39. Troubled with sick headaches for years. During last year has had fainting spells, following use of powders for headache, every month or so. Condition—complains of nausea and weakness, very nervous. Pulse 120, intermittent, skin bluish white, lips and nails cyanotic. Has an acute cystitis, for which I was sent for, in fact. Urine scant, dark color, specific gravity 1020, albumen, bladder cells and red blood cells. The powders had been prescribed by a former physician six years ago, and she had been taking them more or less ever since. On referring to the prescription, I found the powders contained six grains Acetanalid. Recovered in six weeks, marked improvement in three days.

Case No. IV. Mrs. W. L., aged 69 years. This case presents no features differing from the former ones, except that she had a mitral regurgitant murmur. Had been using powders for headache passed to her by Case III as a good thing. As compensation was perfect, after a little questioning I diagnosed the case as Acetanalid poisoning. Recovered under treatment and has had no attack since. (More than nine months.)

Case No. V. Mrs. N. J., aged 36 years. Was brought into my office, having collapsed on street. General symptoms similar to pre-

Digitized by Google

vious cases. In this case the causative factor being Bromo Seltzer, in tablespoonful doses, taken as required for headaches over a space of two months. According to an analysis published in the Journal of the American Medical Association, a tablespoonful of Bromo Seltzer contains 12 grains of Acetanalid.

In the above cases the prominent symptoms which should lead one to suspect Acetanalid poisoning are: General symptoms of collapse, cyanosis of ears, lips and nails, anaemia, anorexia, nausea, dyspnoea, dizziness, palpitation, tinnitus, confusion. Pulse rapid, soft, compressible and intermittent.

Urine, dark, scant, high specific gravity.

Albumen, epithelial and blood cells may be present.

In none of my cases was enlargement of spleen or other viscera present.

In the presence of most of the above symptoms with the history of the use of headache powders a diagnosis is easy.

Where the habit is concealed and symptoms not pronounced, greater discrimination will be required, as these symptoms simulate many nervous, hysterical, circulatory, and utero vesical conditions. The prognosis is generally speaking good.

The treatment is,—the treatment of collapse anywhere—namely, stimulation. For this purpose, I have used strychnine hypodermically. The underlying cause of the headaches, etc., must be remedied, cathartics, diuretics and tonics being indicated.

As regards the use of Acetanalid in general medicine, opinions differ. "Jacobi," in "American Medicine, Dec. 23, 1905," strongly condemns its use. Personally, I have found it a very useful drug, but think we should use equally as much care in prescribing it as we do with morphine. Instruct your druggist not to refill your prescriptions without instruction. It is a common practice for a good headache prescription to make the rounds of the neighborhood. But it is in the easily obtained secret nostrums and quasi proprietaries that the most harm is done.

The public is being educated to their danger, through the pages of popular magazines, and in many states legislative action is being taken regulating their sale.

The position of the medical fraternity toward this question has been one of apathy, due to the fact that we are afraid of our motives being misconstrued. I hold that it is our duty to ourselves and to the public at large to work for and support by every means in our power any legislation which will tend to regulate the indiscriminate sale of the class of drugs of which Acetanalid is a leading example.

Eczema of the breast should always be viewed with suspicion, for it may be a symptom of Paget's disease and precursory to cancer. In these cases the growth may for a long time appear as a superficial ulcer, and thus lead to errors in diagnosis.—International Journal of Surgery.

Digitized by Google

THE IMPORTANCE OF FUNCTIONAL DIAGNOSIS IN RENAL DISEASE.

By GEORGE WHITESIDE, M. D.
Portland, Or.

Read at the Annual Meeting of the Oregon State Medical Society, May 16, 1906

The cardinal principal on which the treatment of renal disease is based is to give the kidney rest. Any food or any medicine which will accomplish its purpose without putting more work on diseased kidneys is a food or a medicine which may be used in renal disease. We must determine, by experiment, what foods really spare the kidney, and in order to apply general principles to a particular case we must have some intelligently arrived at data in order to get the best results from either dietitic, medicinal or surgical treatment. Such data should give a reasonably accurate estimate of the functional ability of the kidneys. This is a fact that has been accepted for many years, but of late investigation of individual cases has received an impetus from research which has developed new and improved methods of detecting and more exactly defining the formerly vague factor which we now call functional ability. Formerly chemical and microscopic analysis of the urine gave us our only means of determining the state of the kidneys. I do not mean in any way to belittle the importance of the well tried and reliable methods, but our task is not only to obtain a diagnosis of the anatomical and pathological factors in renal disease, but modern methods of diagnosis aim at determining also the physiological capacity of the organ in question.

In making a proper diagnosis of renal disease we must be prepared to state not only in what condition the excretory tissue of the kidney is, but also as to the true value of this tissue in terms of the quantity and quality of work it is able to perform.

Renal disease may be broadly divided into two general classes. What we may term medical diseases and surgical ones. In the first catagory should be placed acute and chronic nephritis, diabetes and anyloid. In the second pyogenic invasions, disease dependent upon any sort of bacteria, urinary deposits such as calculi or gravel, animal parisites, malignant or benign tumors or cysts, mechanical injury, whether due to trauma or to back pressure of urine, and lastly, anatomical deformity. It is evident, on considering such a classification, that the usefulness of the renal tissue as excretory tissue is variously modified not only by the character of disease present, but also to the extent to which it alters the anatomical structure of the kidney. It is, therefore, very important that the excretory ability of the renal parenchyma be

Digitized by Google

determined exactly, that the prognosis given may be approximately correct and that the treatment may be intelligently directed. On the other hand, the kidney is more than a mere filter through which different substances are excreted. These excretory products are brought to the kidney by the blood, and therefore the functional activity of the kidneys is directly dependent not only on the quality of the blood, but also on the pressure at which the blood is forced through the renal capillaries. In estimating the physiological action of the kidneys we must, therefore, determine the comparative soundness of the kidney tissue, the permeability of this tissue to certain test substances, the composition of the blood and the blood pressure. Each of these four factors directly depends upon the other.

The condition of the renal porenchyma may be estimated partly by analysis of the composition of the urine, partly by noting any abnormal elements in the urine, such as epithelial cells, pus, blood, casts of the renal tubules crystals, etc., and partly by the physical characteristics of the urine excreted.

The quality of the blood and the blood pressure must also be estimated and some judgment formed as to what part in the observed clinical condition of the patient is due to the composition and pressure of the blood and what part to the pathological changes in the kidney.

The permeability of the renal tissue may be judged partly by the quantity of urine passed, and by the actual quantity of solids contained in the urine. Since it is impracticable to quantitate each of the urinary salts, one or more are usually taken as tests. The excretion of urea, being the output of nitrogenous metabolism in the body, has long been the one most generally quantitated. The chlorides, too, are of great importance. These substances may be estimated by chemical means, such as the sodium bromate method for urea and the volumetric analysis with a standardized silver solution for the chlorine or they may both be measured together by cryoscopy which determines the freezing point of the urine. I believe the latter method to be more exact, but otherwise not to possess any practical advantage over the others. As for the composition of the blood, it is only necessary to determine such data as may have an influence on the excretion of the kidney, that is, it will suffice if the molecular concentration of the blood be determined by finding its freezing point. Its pressure should be furthermore directly ascertained by the use of a manometer.

In diabetes and in nephritis it has long been considered necessary to regulate the ingesta by proscribing such things as are excreted abnormally by the kidney. In diabetes sugar passes too rapidly through the kidney and exists in too great quantity in the blood. We therefore try to reduce the waste of this substance by reducing the intake of sugar to a minimum.

Clinical experiment only can determine the effect of any given article of food in nephritis. By experiment I do not mean experimental trial on the patient in question, but the sum of experience in previous cases.

In surgical cases the problem, in general, is the same except where

Digitized by Google

further artificial elimination of renal tissue is contemplated, as, for instance, in nephrectomy.

In considering the advisability of operating on the diseased kidney, it has long been recognized as essential to success that the other kidney should be able to carry on the work of excreting urine for the individual, after removal of the organ on the diseased side. It is, therefore, evident that it is of the utmost importance to use all such diagnostic means as we have, to discover, if possible, not only whether the one kidney is diseased and the other sound, but also whether the least affected organ, when both are involved, is able to accommodate itself to artificial conditions and excrete all the urine necessary for the life and health of the patient.

We all know of patients with cardiac or renal disease even of an advanced type who live, with care, many years in the enjoyment of a fair measure of health. It follows that it is not essential for a kidney to be absolutely sound in order to be able to functionate sufficiently to render reasonably efficient service for the demands made upon it. The point is not so much whether the kidney in question is sound or unsound, as it is whether its functionating power is sufficient or insufficient. To illustrate by an actual example:

A man 37 years old, up to a short time before in excellent health but never a robust individual. His urine contained considerable pus and also tubercle bacilli. After considerable difficulty, on account of a contracted and irritable bladder, both ureters were catherized and 8 c.c. and 9.75 c.c. urine drawn off for examination. The urine was purulent from both sides. It was, therefore, evident that both kidneys were diseased, and it remained to decide whether the best kidney was able to perform the task of excreting for both or whether it could not do so. Examination of the two specimens of urine revealed the fact that the right kidney produced more nearly normal urine than the left one, but still it was of low specific gravity, was deficient in solids and contained some pus. Operation was, therefore, considered inadvisable. The patient lived nearly a year and finally died of extension of the tubercular disease, but if he had been operated at the time I first saw him, I am sure he could not have survived more than a few days, because his right kidney, which was his best one, could not have performed the work for both should the left one have been removed, and, further than that, a left sided nephrectomy would not have eradicated the disease. Was it not better that this patient should have been spared the pain and expense of a useless and probably immediately fatal operation? As it was he lived some months in comparative comfort, and died peacefully at his home instead of in the hospital.

Suppose the state of his right kidney had not been investigated. All symptoms pointed to left-sided disease. Suppose I had done a left nephrectomy and then had explained to the family that the fatal outcome was unavoidable, would I have been telling the truth? No, that statement would have been false. An immediately fatal termination was postponed by properly investigating the functional ability of the other kidney and considering the case one too far advanced for operation.

Digitized by Google

On the other hand, another case well illustrates a different condition. Some time ago I saw a man in consultation. He was of middle age, fairly developed and nourished. He had for several months complained of pain over the right kidney. It was not severe, but constant and annoying. Inspection and palpation failed to reveal any abnormality. Examination of the bladder urine showed it to contain a small amount of pus. Cystoscopy was done. I failed in my attempt to catherize the ureters, but by watching the ureter openings I could plainly see turbid urine come from the right side and clear urine come from the left side. Operation disclosed a tuberculous kidney on the right side, which was removed. The other kidney was functionally sufficient and the patient made a complete recovery. Was it not wiser to thus guard against failure by determining not only the existence of a left kidney but also that it produced clear urine, than it would have been to operate without such knowledge? It follows it would have been more accurate, and therefore better, if I had been able to draw the urine from each kidney separately and have proven beyond the shadow of a doubt that the left kidney was sound or nearly so.

Another condition is well illustrated by a case which I saw in consultation with Dr. Labbe in February last. A boy, 20 years of age, contracted gonorrhea one year ago. Treatment was neglected. In October, 1905, he had a chill, which was repeated in a few days. After each chill the urine contained more pus than at other times. The right kidney was palpable at all times, but seemed to be larger just before the chill. Diuretics, Salol and Urotropine caused an improvement, but not complete recovery. On February 22nd I catherized the right ureter and procured several c.m. of urine which contained pus but was otherwise of proper specific gravity and the excretion of solids was not diminished. Since it would have been a pity to sacrifice so good a kidney on account of a slight pyelitis, I injected 1.5 c.c. of a ½ per cent solution of silver nitrate into the kidney pelvis. On March 1st and 15th this was repeated, with good results. Dr. Labbe tells me the patient is well, and has had no more chills.

Without the examination of the urine drawn from the right kidney separately from the left, one might have been tempted to do a right nephrectomy and would have perhaps extirpated a kidny which, as the result shows, could be treated in another way successfully. How much better that boy's present condition is with two kidneys rather than one?

Cases might be multiplied in almost endless variety to illustrate different conditions, but they, one and all, tend to show that the most modern means of diagnostic investigation should be employed in addition to other methods, and each case accurately guaged before any operation is undertaken on a diseased kidney. In estimating results of such an examination one should remember that the relative value of comparing the analysis of one side with the other is quite as important as the comparison of either side with the normal.

In case the supposedly sound side is found insufficient to take up the work for the whole body, refrain from operation. In case it is found to be sufficient, then operate boldly, knowing that a mistake in

Digitized by Google

prognosis is unlikely, since the operation is only undertaken after careful consideration of the data obtained by all possible means known to us today.

The object of this brief paper is to call attention to the importance of determining accurately the functional capacity of either one or both kidneys when either one or both is diseased. The time allowed is too short to enter into a discussion of the various means to be employed, but the most useful methods are:

1. The history of the case.
2. Inspection.
3. Palpation.
4. Urinary analysis.
5. Cystoscopy.
6. Ureter catherization or segregation.
7. Analysis of the separated urines.
8. Cryoscopy of the blood.
9. Cryoscopy of the urine.
11. Permeability tests with methelyn blue, phloridzin, etc.

Not all of these methods of diagnosis are applicable to any one case, but from the number mentioned several may be selected which should give data essential to exact diagnosis and helpful in prognosis and treatment of both medical and surgical cases.

The State Should Help.

We think the proposition for the state to establish and maintain a tuberculosis sanitarium for impecunious victims of this disease is a meritorious one. While consumption does not work as great ravages in proportion to population in Oregon as in Eastern states, yet it annually claims several hundred victims, and a considerable proportion of these have not the means to provide for themselves even the simple and comparatively inexpensive necessities requisite to carry on the open-air cure. Besides, most of them would not if they could carry out the necessary, though extremely simple, regimen required except under authoritative discipline.

For, as has been repeatedly said in these columns, there seems no longer any doubt that this treatment will cure a large proportion of cases, perhaps nearly all not too far gone. It may not cure a person in the last stages of consumption, but it does cure those in whom the disease has made considerable progress, and without which treatment a fatal termination in the near future is certain.

The open air is the main thing—open air in the country, outside of illy-ventilated and carpeted rooms, open air that, whether cool or warm, is fresh and pure. Next is plenty of nutritious food, and next is rest; not entire lack of exercise, but no exhaustive exercise.

Though patients are to be in the "open air," they cannot go out and lie down on the ground and have no care. They need to be watched and directed and cared for and made to do what is necessary for them to do, and if they are not able to take care of themselves the state should do so. —Oregon Journal.

Digitized by Google

THE PRESENT STATUS OF THE DIAGNOSIS AND TREATMENT OF ABDOMINAL DISEASES

By R. C. COFFEY, M. D.
Surgeon and Medical Director of North Pacific Sanatorium, Portland, Or.

Read at the Meeting of the Central Willamette Medical Society, Albany, Or. June 8, 1906

More progress has been made in the diagnosis and treatment of abdominal diseases during the past fifteen years than has been made in all the ages prior to that time. More actual progress has been made during the past five years than during the previous ten. The interdependence of diagnosis and treatment in the development of this branch of practice is such as to make it impossible to discuss them separately. In studying the subject it seems that the development has been, to a certain extent, attributable to chance and empyricism, in the first place. From this point, thinking minds began to study living pathology. The development of aseptic surgery has done more to promote the study of living pathology and diagnosis than any other thing, because by it surgeons have been emboldened to make exploratory incisions and to undertake surgical feats which formerly were impossible. Five terms have been used by medical men for many centuries, to cover their ignorance of pathology and their inefficiency in true diagnosis. These are: colic, peritonitis, dyspepsia, constipation and neurasthenia. We must all plead guilty to a certain extent. Modern development seems to indicate that whenever knowledge becomes fuller, all of these so-called diseases will be put in a class with dropsy in that they are in reality but symptoms of a deeper pathology. Peritonitis, even as late as 1892, when I studied medicine, was considered as a disease per se. Later developments are teaching us that peritonitis is simply a result of a real disease of some one of the hollow organs in the abdominal cavity.

The most prolific cause of peritonitis is now known to be appendicitis. The next most frequent is result of tubal trouble or uterine infection; then comes gall-bladder disease, ulceration of the stomach and intestines, etc. Even tuberculous peritonitis is now known to exist rarely as a primary disease. It first invades the Fallopian tube, appendix or some other hollow organ in the abdominal cavity. Murphy always removes Fallopian tubes in cases of tuberculous peritonitis. Mayo aims to find and remove the lesion from which tuberculous peritonitis starts. By those methods, surgical treatment of tuberculous peritonitis has been placed upon a scientific basis. Almost all pelvic abscesses and pelvic peritonitis occur as a direct extension of intrauterine sepsis out through the fallopian tubes into the peritoneal

Digitized by Google

cavity, with a possible exception of a small number of cases which are due to an extension of the process through the lymphatic system. Many causes of peritonitis are found to be due to disease of the gall passages and gall-bladder. A goodly number are found to be due to perforating ulcers of the stomach and intestines, a great majority of the cases of severe recurrent colic are now recognized as acute attacks of appendicitis and that "wind colic," as we used to say per se, is much more rare than we formerly imagined. Gastralgia, which was formerly given a prominent place, is now known to be a symptom of a demonstrable pathological lesion in most cases. Dyspepsia is unquestionably many times functional, and in the majority of cases is curable by medical and dietic measures; but when chronic and of long standing, is frequently backed by well defined, medically incurable lesions, such as gall bladder disease, chronic appendicitis, ulcer of the stomach, ulcer of the colon and extensive displacements of these organs. The dyspepsias developing in the old late in life or after middle life, at once arouse suspicion of malignant disease if nephritis has been eliminated.

Modern methods of doing exploratory operations for cases in which medical means does not give relief, have proven this to be a fact, and thereby it is now possible in many cases to effect a cure by timely surgical procedures wherein the disease had been discovered only too late for any kind of treatment. Even at the present time, more than three-fourths of the cases of internal cancer sent to me for operation, have been diagnosed too late to offer any hope of permanent surgical relief. While constipation is in a majority of cases habitual and functional, there are many obstinate cases of spastic constipation due to actual mechanical troubles in the form of growths, cicatricial constrictions and existing ulcers, irritation of which produces a spastic contraction. Neurasthenia is also, in many cases, a valuable cloak for ignorance of pathology. This is especially true in displacements of the various organs in the abdominal cavity and more especially when these organs become fixed by adhesions in these malpositions. The neurologist will tell you that many of these cases are due to hereditary tendencies. This I am prepared to admit. I am also prepared to admit that there are many neurasthenics who are neurasthenics as a result of an actual abdominal lesion which has existed and has been cured, but not until habits of neurasthenia have been formed. These are the cases especially suited to the treatment of the neurologist, but there are great armies of people who spend their time and money traveling from country to country, from sanatorium to sanatorium, from doctor to doctor, who have in the past been known as neurasthenics, but who, in the light of the latest development, are found to have existing an actual pathologic condition which prevents any form of medical or dietic treatment from producing results. These cases are nearly all curable by surgical means, and all that is necessary is that a proper diagnosis be made and that doctors in general be made familiar with the facts which have been proven as to the medically incurable cases.

Digitized by Google

Medical Societies

Washington State Medical Association

At the annual meeting of the Washington State Medical Association at Spokane, President Geo. W. Libby, in his address, said in part:

I hope the association will take action to secure legislation giving to the state, through its Board of Health, control of the water supply of the cities, also making it necessary for any city proposing to change its source of supply to obtain approval of the State Board of Health.

It is to be hoped that this association will use its influence to secure such legislation as shall give to cities the control of milk supply or so regulate the milk supply of cities that proper milk inspection shall be secured. I hope that the time is near when the state, in imitation of the good work done in Portland, will have established sanitaria for tuberculosis.

That our system for caring for the insane is inadequate, crude, and in some respects barbarous, even the casual observer will not deny. When a citizen has become irresponsible for his acts through disease of the brain or nervous system and is so mentally deranged that it is unsafe for him to be at large it becomes the duty of the state to take charge of that individual, both for his own safety and that of the community.

The investigation to determine a case of insanity should not be a court trial, but conducted by a commission, composed of at least three physicians, one of which should be an alienist of recognized ability, who should, if necessary, visit the case at home. We may safely estimate that there are now confined in our two institutions 1500. They must look to two physicians for professional care, receiving a daily average of 48 seconds of the physicians' time.

I wish to call your attention to the crying need in this state of a separate institution for the criminal insane. The medical and legal profession should join their efforts to establish such an institution and so amend our laws that the person who escapes the penalty for crime upon the grounds of insanity shall not be turned loose to become a further menace to public safety.

I believe it is the purpose of the medical examination law to make it as difficult as possible for the unqualified to obtain a license to practice, and as convenient as possible for those qualified. It would reduce the hardship of the latter and work no injustice to any if the board would meet twice a year both in eastern and western Washington.

Our medical practice act should be so amended as to properly define "practicing medicine." Whoever undertakes the care of the sick, no matter what his so-called pathy, is practicing medicine, and to refrain from using drugs does not diminish his responsibility.

To secure conviction for practicing medicine without a license it seems to be necessary to show that the offender has given drugs, performed a surgical operation or prescribed for a fee.

While the wages of mechanics and manual laborers are advancing year by year, influences are working to reduce fees of the doctor, who earns his bread both by the sweat of his brow and the exercise of his gray matter.

The profession has good cause to be dissatisfied with the action of the old line insurance companies in cutting the fees of the local examiners.

Digitized by Google

Lodge and so-called hospital association practice is but a scheme to fleece the doctor, sell his services at a figure below the point at which a professional man can live and continue his education and (out of the doctor's earnings) pay salaries to association officers.

Another most demoralizing practice has grown up in our midst in the last few years—the giving of commissions or division of fees by surgeons and other specialists in return for cases referred. This has been reduced to a system so that some surgeons are known to the general practitioners as 40 per cent, some 50 per cent and some 60 per cent dividers.

I would suggest that the association publish in book form its proceedings, for distribution to its members.

Governor Mead on the Insane.

Governor Mead said:

I congratulate your president on his very able address, and I should like to borrow some parts of it and bring them before the next meeting of the legislature. (Applause.) All doctors who fill positions of trust and responsibility are appointed after a full examination of their records and upon the recommendation of reputable physicians. I should like you all to visit the asylum for the insane at Medical Lake, and I would accept any suggestions that this body has to make. If all of you cannot go, a committee might be appointed to go and inspect it. We want to make these institutions not only the best on the Pacific coast, but the best in the whole United States.

The custom introduced some time ago of reckoning expenses on a per diem basis ought to be overthrown. By a per diem basis I mean calculating expenses at 40 cents a day a head, for instance. These expenditures are reckoned on the eastern institutions of the same kind, and no consideration is given to the different conditions. The physicians, who are very self-sacrificing, ought to be paid adequate salaries. These institutions are carried on under a system of a decade ago. The heads of these institutions ought t o receive a salary of $5000, and the other physicians in proportion, and the salaries ought to be embodied in the state appropriation.

I have undertaken a betterment of the statute law with relation to the prevention of tuberculosis. Whatever medical science has discovered about the prevention of this dread disease we ought to adopt.

There is only one way to stay the white plague, and that is that the strong arm of the state and commonwealth should be stretched out as a strong barrier to stop it.

The secretary's report showed that the membership had increased during the last year from 373 to 474, and that five new county societies had been organized, making a total of 19. The new county societies are Asotin, Clallam, Cowlitz, Clarke and Lincoln. The secretary prepared during the year a card index of the qualified practitioners in the state, and there are 1071 names in it.

The treasurer's report showed a balance of $2194.85.

Medical Society of the Missouri Valley.

The nineteenth annual meeting of this society was held at Council Bluffs, September 6 and 7, with an attendance of 125, Dr. Jno. E. Summers presiding. The program included 25 papers, and the discussions were most interesting and instructive. Among the guests at this meeting, who read papers, were Dr. Emil Reis, of Chicago; Dr. L. L. Uhls, superintendent of the state hospital for insane, Osawatomie, Kas.; Dr. Leo M. Crafts, Minneapolis; Dr.

Digitized by Google

Alfred Schalek, Omaha; Dr. E. W. Clark, president of the Iowa State Medical Society, who responded to the address of welcome given by Congressman Smith of Council Bluffs. The society was royally entertained by the local members at the street carnival, and given a reception at the Elks Club. Dr. O. Beverly Campbell, of St. Joseph, was unanimously chosen as president of the society for the ensuing year and other officers were elected as follows: Dr. W. F. Milroy, Omaha, first vice-president; Dr. C. O. Thienhaus, Milwaukee, second vice-president; Dr. Donald Macrae, Council Bluffs, treasurer (re-elected); Dr. Chas. Wood Fassett, St. Joseph, secretary (re-elected). The secretary's report showed the prosperous condition in which the society finds itself at the close of the year, having gained 44 new members and losing but one. The annual Missouri Valley excursion to the A. M. A. was made a subject of special comment, and the secretary expressed the opinion that the next trip to Atlantic City would be even more enjoyable, if possible, than the last.

Eastern Oregon District Medical Society.

The annual meeting of this society was held at Pendleton on the 26th ult. The next meeting will be held at Radium Springs, near Baker City.

Papers were read as follows:

Paper, "Ectopic Gestation," by Dr. W. G. Cole, Pendleton. Discussion led by Dr. R. C. Coffey, Portland.

Paper, "Aetiology, Pathology and Diagnosis of Sciatica," by Dr. W. T. Phy, Hot Lake. Discussion led by Dr. W. J. May, Baker City.

Paper, "The Relation of Eye Strain to Auto Suggestion in Functional Neurosis," by Dr. Amy Currin, Pendleton. Discussion led by Dr. T. M. Henderson, Pendleton.

Paper, "The Relation of the Medical Profession to that of the Legal Profession," by J. H. Lawrey. Discussion led by J. R. Raley, Pendleton.

Officers for the ensuing year were elected as follows:

President—Dr. J. Prinzing, Ontario.

First Vice-President—Dr. Geisendorfer, of The Dalles.

Second Vice-President—Dr. A. E. King, of Antelope.

Secretary and Treasurer—Dr. C. E. Saunders, of Union.

Delegates to State Society—Dr. C. J. Smith, of Pendleton; Dr. J. A. Reuter, of The Dalles.

Alternates—Dr. Lazier, of Weston, and Dr. Thomas, of Milton.

Dr. Gregg, of Wallowa City, was elected a member of the Board of Censors to succeed himself.

Idaho State Medical Society.

The Idaho State Medical Society's annual meeting was scheduled for October 4th and 5th at Lewiston.

Following is a list of the officers, the order of business and program provided by the officers:

Dr. J. B. Morris, President; Dr. E. W. Kleinman, Hailey, Vice-President; Dr. Ed. E. Maxey, Boise, Secretary-Treasurer.

Committee on Arrangements—Dr. J. F. Hurlburt, Chairman, Lewiston; Dr. C. W. Shaff, Dr. F. L. Hinkly, Dr. E. F. Conyngham, and officers of the society.

Committe on Legislation—Dr. B. L. Steeves, Chairman, Weiser; Dr. J. M. Woodburn, Boise; Dr. Hugh France, Wardner.

Committee on Nominations—Dr. J. L. Conant, Jr., Chairman, Genessee, and two members from each District Medical Society.

Committee on Publication—Dr. Ed.

Digitized by Google

E. Maxey, Chairman, Boise; Dr. J. M. Lyle, Peck; Dr. Alex. Hunter, Kendrick.

Delegate to American Medical Association—Dr. R. L. Nourse, Boise, Delegate; Dr. H. A. Castle, Pocatello, Alternate Delegate.

Order of Business.

1. Calling the society to order by the President, Dr. J. B. Morris, Lewiston.

2. Report of Chairman of Committee on Arrangements, Dr. John F. Hurlburt, Lewiston.

3. Address of Welcome, Hon. Henry Heitfield, Mayor of Lewiston.

4. Response on behalf of the Society, Dr. W. F. Howard, Pocatello.

5. Special Reports from the Governing Board.

6. Reports of Special Committees.

7. President's Address, Advances of Medical Education, Dr. J. B. Morris, Lewiston.

8. Prevention of Venereal Diseases, Dr. J. M. Taylor, Boise.

9. When is Gonorrhoea Cured? Dr. I. S. Collins, Burke.

10. Diagnosis and Treatment of Gonorrohea in Women, Dr. Frank P. Nourse, Lewiston.

Discussion opened by Dr. J. N. Alley, Lapwai.

11. Neglected Conditions of Childhood, Dr. E. F. Conyngham, Lewiston.

12. Diarrhoea in Infancy and Early Life, Dr. Alex. Hunter, Kendrick.

Discussion opened by Dr. C. C. Phillips, Lewiston.

13. A Case Report, Dr. Minnie F. Howard, Pocatello.

14. Surgical Anatomy of Mastoid Antrum, Dr. C. W. Shaff, Lewiston.

15. Actinomycosis, with Report of a Case, Dr. Myron Brundage, Shelley.

16. Treatment of Sprains, Dr. J. W. Hamer, Mountain Home.

17. Treatment of Compound Fractures, Dr. C. P. Thomas, Spokane, Wash.

18. The Roentgen Ray in Fractures, and as a General Therapeutic Agent, Dr. N. G. Bialock, Walla Walla, Wash.

Discussion opened by Dr. I. R. Woodward, Payette.

19. Treatment of Pleurisy and Pericarditis, Dr. Hugh France, Wardner.

20. Acute Miliary Tuberculosis, Dr. R. S. Thompson, Moscow.

21. Principles of Medical Ethics, Dr. E. E. Watts, Gifford.

22. Medical Organization, paper by Dr. O. C. Ormsby, Rexburg; paper by Dr. Ed. E. Maxey, Boise.

23. A Case Report, Dr. W. F. Howard, Pocatello.

24. Value of Blood Examination in Surgery, Dr. R. I. Newell, Spokane, Wash.

Discussion opened by Dr. C. L. Gritman, Moscow.

25. Gunshot Wounds of the Abdomen, Dr. J. L. Conant, Jr., Genessee.

26. Surgical Treatment of Peritonitis, Dr. Thomas J. Costello, Lewiston.

27. Intestinal Intussusception, Dr. R. C. Coffey, Portland, Oregon.

28. Surgical Shock, Dr. A. A. Higgs, Soldier.

Discussion on last five papers opened by Dr. Andrew C. Smith, Portland.

29. The Diagnosis and Treatment of Gastric Ulcer, Dr. Chas. E. Sears, Wallace.

Discussion opened by Dr. J. F. Hurlburt, Lewiston.

30. Modern View of Neurasthenia and Its Treatment, Dr. R. L. Gillespie, Portland, Oregon.

31. Melancholia, Dr. John W. Givens, Oro Fino.

Discussion opened by Dr. J. M. Lyle, Peck.

32. The Significance and Treatment of Albuminuria During Pregnancy, Dr. Russell Truitt, Cottonwood.

33. Puerperal Eclampsia, Dr. Jesse L. Rains, Grangeville.

34. Obstetrics in Country Practice, paper by Dr. E. L. Burke, Culdesac;

Digitized by Google

paper by Dr. W. A. Rothwell, Kendrick.

Discussion opened by Dr. E. S. Prindle, Laclede.

35. Unannounced Papers and Case Reports.

36. Executive Business.

37. Adjournment.

To prevent the development of strictures of the esophagus after the swallowing of caustic substances, regular introduction of bougies should be resorted to at the end of a few weeks after the occurrence of the accident.—International Journal of Surgery.

The Treatment of Emaciation.

L. Breisacher, Detroit (Journal A. M. A., August 25), finds that leanness may be due to various causes. It is sometimes apparently hereditary, but may arise as a primary or secondary condition. The one great cause, excluding certain emaciating chronic diseases, is insufficient amount of food which may be due to loss of appetite from physical or mental causes, or the result of faulty dietetic habits which are sometimes handed down in families from generation to generation. Frequently, it results from an ignorance of the nutritive significance of particular foods or is the effect of eating but one or two meals a day in persons not fitted for such a regime. It may be due to poverty or nervousness, sexual neurasthenia or hysteria. These latter predominated, together with digestive abnormalities in the majority of his cases, and he has also observed attendant arteriosclerosis and insomnia, which are given by Cabot as causes, in a number of his cases. To a second group of causes belong the gastrointestinal disorders, mechanical or secretory, which he observed in nearly all of his patients. He thinks that there is no doubt that the foundation of these disorders is often laid in the artificial feeding of infants. He also mentions the improper metabolism of food and increased oxygenation in the blood which cannot be precisely defined. In the treatment, therefore, it is advisable to make thorough examinations for all possible conditions and to ascertain to what degree the stomach and bowels will bear forced feeding and what food will be best taken, digested and absorbed. With these points determined, he maps out a diet list containing from 2,200 to 2,500 calories, and gradually increases this to from 3,800 to 4,500 calories. This extreme diet is divided by him into 250 grains of fat, 150 of albumin and 400 of carbohydrates, amounting altogether to 4,580 calories. He also gives tonics and pushes them to the physiologic limits if necessary. In nervous individuals he uses nerve sedatives, but never narcotics. From time to time he notices the excretory activity of the kidneys and compares it with the water intake, which should be from 2,000 to 3,000 c.c.. Exercise is lessened or increased according to the demands of the case, and Breisacher also uses tepid baths, cold rubs, massage and electricity. Under this treatment patients often gain very rapidly in weight, calling sometimes for reduction in diet. The chronic underfed usually require from two to six months' careful treatment of this kind.

Suppression of urine in infants is extremely rare, and in any case in which the child is unable to pass its urine it is far more likely that there is some congenital source of obstruction. The existence of this should be determined by the prompt introduction of a soft rubber catheter.—International Journal of Surgery.

Digitized by Google

Book Reviews

American Practice of Surgery. A Complete History of the Science and Art of Surgery, by Representative Surgeons of the United States and Canada. Editors: Joseph D. Bryant, M. D.; Albert H. Buck, M. D. of New York City. Complete in eight volumes. Profusely illustrated. Volume I. New York: William Wood & Co., 1906.

This volume of over 800 pages is the first volume of a series which is intended by the publishers to give an authoritative picture of surgical practice as it is carried on today by the recognized masters of the art. During the last two or three years the practice of surgery in this country has reached such a mature stage of development, that one may reasonably expect to secure for all these volumes the desired character of authoritativeness, and one may also expect that this character may possess some degree of permanence. The editors will be recognized as being especially well fitted for the task which they have assumed, and the publishers, it may be assured, will spare no required expense to make these volumes a milestone in surgical literature—not merely of this country, but of the civilized nations of the world. The introductory article by Dr. Stephen Smith, of New York, on the Evolution of American Surgery possesses rare historical value, and it presents in concise form facts which many of its readers knew already, but that were unavailable because laid away in remote corners of the mind, or what is as bad, securely hidden in unindexed volumes in one's medical library. Dr. Aldred Scott Warthin, of Ann Arbor, follows with a valuable contribution on Inflammation, and so on, other topics which belong in such a volume are dealt with by the learned surgeons who have placed their skill and experience at the services of the publishers. A complete index appears at the end of the volume. Needless to say that the publication of the remaining volumes will be looked forward to with the greatest interest by surgeons and general practitioners.

The Practical Medicine Series, Comprising ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngeal and Rhinology Chicago Post-Graduate School; Vol. 4, Gynecology, edited by Emilius C. Dudley, A. M., M. D., and C. von Bachelle, M. S., M. D.; Vol. 5, Obstetrics, edited by Joseph B. De Lee, A. M., M. D., with the colloboration of D. Roehler, M. D., and Herbert M. Stowe, M. D.; Vol. 6, General Medicine, edited by Frank Billings, M. S., M. D., and J. H. Salisbury, M. D. Series 1906. Chicago: The Year Book Publishers, 40 Dearborn street.

These volumes are published primarily for the general practitioner, and each in the series is complete in itself. As one turns the pages, he must become impressed with the great amount of labor and research that has been done by the editors in preparing these little volumes. All literature of the year has been ransacked, and presented in a form that is easily accessible to the practitioner.

In the volume on Gynecology, especial attention is called to the fact that progress is being made in the handling of carcinoma, and extremely radical operations are falling into disrepute. It is claimed by the editors that, considering the greater difficulties of

Digitized by Google

technic, and the higher mortality, the results obtained are scarcely greater than those achieved by the less radical measures. Greater stress than ever is laid on early diagnosis, for this means early and less radical operation. Particular attention is paid in this volume to the progress made in the matter of ovarian transplantation, the results of which, it is claimed, are improving with the technic.

In the volume on Obstetrics, the past year has shown but little advance in the scientific fields of obstetric research. The field of operative obstetrics is being broadened. Pubiotomy is now on the stage, enjoying its initial enthusiasm. The surgical treatment of puerperal infections is receiving more attention. In this volume practical subjects are thoroughly discussed, even more than scientific.

The volume on General Medicine covers a wider field, and deals with typhoid fever, diseases of the stomach, diseases of the intestines, diseases of the mouth, and miscellaneous ailments that come within the range of the general practitioner. Many valuable hints are given, which will be weighed and valued by those possessing this book.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences, edited by Hobart Amory Hare, M. D., assisted by H. R. M. Landis, M. D.; September, 1906. Lea Bros. & Co., Philadelphia and New York.

This issue of this valuable publication contains articles as follows: Diseases of the Thorax and its Viscera, including the Heart, Lungs and Blood Vessels, by William Ewart, M. D., F. R. C. P.; Dermatology and Syphilis, by William S. Gottheil, M. D.; Obstetrics, by Richard C. Norris, M. D.; Diseases of the Nervous System, by William G. Spiller, M. D. This is a very valuable list of articles, and they fully sustain the excellent character of the publication.

OBITUARY.

The death is announced of Dr. Edgar A. Brook, of Bonner, Mont. Dr. Brook was an old time resident of Montana, having practiced in Stevensville, Missoula, Helena and elsewhere in the state.

Dr. Daniel Ream, of Yreka, just over the line from Oregon, died recently at his home, at the age of 76 years. The doctor came to Southern Oregon in 1852, and mined for a while before he settled in Siskiyou county, Cal. He practiced medicine up to a few days before his death. A touching feature of the funeral was, following the hearse, the doctor's favorite dapple grey saddle horse, without a rider, dressed in deep mourning.

Dr. Frederick Crang, of Forest Grove, died at his home on the 25th ult. He was born in England, 84 years ago, and came to the United States in 1856. He had practiced medicine prior to that in London for four years. He spent the first five years of his residence in the United States in New York City, and then moved to the Middle West. He came to Oregon in 1875, and has since resided in Astoria and Forest Grove. Dr. Crang, in addition to practicing medicine, held pastorates of various churches at different times. He practiced medicine up to a short time ago. He left a widow and eight children.

Seng is an ethical pharmaceutical product and is advertised exclusively to the medical profession.

Digitized by Google

Extracts

Proprietaries, Physicians and Proprieties.

In an interesting paper with this significant title, Dr. F. M. Corwin handles a much-discussed topic very cleverly and injects a vein of reason and common sense into a subject that has been misunderstood by the average reader. We are willing to concede that the work undertaken by the Council on Pharmacy and Chemistry of the American Medical Association is a most worthy and laudable mission, and one that will eventually revolutionize the methods of many of those who cater to the medical profession. There is danger, however, of going to extremes in a crusade of this character, and we hope to see a spirit of conservatism in control of the council before the danger line is reached.

A sense of justice, as well as appreciation of the efforts of the honest and painstaking pharmaceutical chemist demand that his secret, if one there be, of compounding his palatable, effective, and stable preparation, be protected, as a safeguard against substitution—that pernicious practice which does more harm than all the other evils combined and against which every doctor would fain be protected. Dr. Corwin deprecates the practice of constantly prescribing nostrums, and believes one should use discrimination in choosing remedies, in order to avoid the humbugs and fakes. He is convinced that there are many meritorious and worthy preparations among the proprietaries, articles which no wide-awake, up-to-date physician can afford to be without, but for every one of these meritorious preparations there are a dozen or more which have no valid claim for consideration. Physicians should familiarize themselves with the Pharmacopeia, he says, but should not adhere to it literally, because to do so would be to block the wheels of progress. The Pharmacopeia is supposed to reflect the needs of the medical profession. Corwin suggests in this connection that if the profession took more interest in the Pharmacopeia it might be made more comprehensive, and hence, perhaps, more useful. He places the blame for much of the facility with which physicians are led into the use of nostrums on a deficient education, lack of knowledge of materia medica and pharmacology. He suggests that every physician familiarize himself thoroughly with the properties of thirty or forty useful drugs, and their most palatable and convenient preparations, and that he avail himself of the knowledge possessed by some up-to-date pharmacist. Physicians should ignore altogether the preparations of secret compositions and the alleged synthetics put out by some unknown house, which exists solely for the purpose of making and selling a few specialties. These articles of secret composition are no more worthy of confidence and patronage than are the so-called "patent medicines" which are advertised to the laity as cures for every known ailment. He also urges shunning all proprietaries which, while perhaps in themselves unobjectionable, have been exploited or marketed in such a way as to become well-known to the general public and to be found in the department stores. The surface of the earth has now been raked over so carefully by the searchers for the useful that it is safe to assume that about all the plants and trees and minerals of any known or supposed therapeutic value have been brought to the pharmacologic laboratory and made to yield up their

Digitized by Google

active principles for medical use, so that the profession may well look with suspicion on any alleged preparation of a hitherto unknown plant. With synthetics the case is different.

We are in hearty accord with Dr. C. H. Hughes, when he attributes to the average doctor the ability to discriminate for himself. He says:

"In the use of the aids to our therapeutics, a wise discrimination in the selection of the proprietaries, rather than an indiscriminate and wholesale condemnation is called for in the present day therapeutic side of the practice of medicine. The essential thing to a wise and proper therapeutics is to know the exact proportion of and dosage of ingredients. Knowing this, the average physician ought to know when and how to use proprietaries with therapeutic propriety and clinical correctness, without the commercially inspired suggestions and instructions as to therapeutic indications so voluminously, enthusiastically and often incautiously given, in some instances, by proprietary promoters."

Dr. Kenneth W. Millican, editor of the Weekly Medical Review, has contributed a series of articles on "Commercialism, Professionalism, and Their Relation to Proprietary Medicine," which cover a wide scope, and constitute a masterly analysis of these various questions—the best solutions we have yet seen. Dr. Millican has issued a pamphlet containing these editorials, which we advise our readers to procure and read.

Regarding self-medication and counter-prescribing, Dr. Hopkins has sounded the keynote when he asks the question: "By what right does the druggist prescribe even for the commonest of bodily ills? The druggist may know drugs, but he cannot know patients! Yet the corner drugstore will prescribe for more patients in a day than will the average qualified physician."

Referring to the crusade against acetanilid as a poison, Dr. Hopkins tritely remarks:

"Much has been said pro and con of the coal-tar derivatives and compounds containing acetanilid. It is not our purpose to enter into the controversy deeply. We believe, as we have stated above, that a good and useful agent is being caluminated while the real evil is overlooked. Acetanilid is not a poison in the ordinary acceptance of that term; few doctors believe that it is. It is a good and useful friend which will serve well, if intelligently employed, but it is not intended to be eaten by the teaspoonful or taken in the presence of cardiac disease. These products were never built for the use of any but a learned profession, and this brings us back to censure of the system of self-medication and prescribing by the incompetent. We do not believe that acetanilid can be so combined as to be a 'safe household remedy.' The exploitation of any compound containing it to this end may well be looked on with serious apprehension. It may be that no harm will result for a long time, but the chance is there, and it is an evil chance.

"Let us hope that the day may soon come when physician, manufacturer and druggist will combine to have the practice of medicine conducted in safe, scientific and legitimate channels, and it is no selfish belief that the best interests of all three, and that of the patient as well, will be promoted by te new regime."—Editorial in Medical Herald, St. Joseph, Mo.

Post-Graduate Course for the Patient.

In those chronic conditions where

Digitized by Google

the physician is able to secure access to the patient before the case is so far advanced as to make the prognosis hopeless, and where reasonable progress is being made, there often comes a time when the accumulated suggestions of family friends begin to undermine the patient's confidence in the physician. If, after a stiff fight, with some improvement, the patient drifts into the hands of some other physician and succeeds in prevailing on the doctor to change the treatment, much of the good which the original doctor has accomplished may be undone.

It is under such circumstances that great good can often be secured by sending the patient for a few weeks to a sanitarium. The physician who prescribes along modern lines does not need the assistance of the sanitarium in matters of therapeutics, but the patient needs the suggestive benefits to be derived from the sanitarium atmosphere, if it is the right kind of a sanitarium.

Compared with the ordinary expenses assumed by families in reasonably comfortable circumstances, the cost of a brief visit to a sanitarium is not excessive. This cost, in fact, is nothing compared with the advantages of entering the sanitarium and coming under the influence of its very moderate degree of discipline. The patient is in a receptive frame of mind, and can take cognizance of the reasons for the hygienic and dietary regulations which may be in force. Under any ordinary circumstances the patient returns home much improved in health, and especially in mind, with a clear perception at last of what should be done to secure and preserve health.

Under these conditions the family physician naturally receives credit for the good-will and good intentions which lead to the satisfactory experiment at the sanitarium. The patient comes back to the family doctor with renewed confidence in his judgment, while the doctor is in position to estimate the results of the methods employed at the sanitarium which have helped to produce the agreeable result.—Monthly Cyclopedia of Practical Medicine.

Nervous Diseases of the Pacific Northwest.

Seattle Post-Intelligencer: The Los Angeles Times has a not unfriendly review of the recent monograph of Dr. Wm. House, of Portland, on "The Climax of the Pacific Northwest and Its Influence on Nervous and Mental Diseases," originally published in the Medical Sentinel. The Times reviewer recognizes at once the obligation which Dr. House is under to Major Charles E. Woodruff, of the United States Army, who has advanced and abundantly supported the theory that the absence of excessive sunlight and a climate wherein the skies are much overcast with clouds, tempering the direct rays of the sun, affords the most favorable environment for people of the blonde type.

The Times admits that there is a germ of truth in the theory that for nervous temperaments the moist, cloudy, soothing atmosphere of the sea coast is preferable to the dry, electric, stimulating atmosphere of the mountain regions, although it insists that Dr. Woodruff has carried his theory to extremes. It adds:

"We have been in the habit of referring to Southern California as a paradise, or Garden of Eden. Must we, perhaps, revise our idea, and locate the earthly paradise in the fogs of Puget Sound, on the mist-swept isles of the North Atlantic, or among the snowfields of Northern Scandinavia? Anyhow, the Puget Sound people should certainly do something handsome for Major Woodruff, in the

Digitized by Google

shape of a medal, a monument, or other tribute of esteem."

The people of Puget Sound hope that they will not be called upon to erect a monument to Major Woodruff for a long time to come; that he may enjoy many years of usefulness and may bring the whole country to a general understanding of the fact that in the climate of Puget Sound, with its diffused light, its gray skies for so many weeks of the year, and its soothing atmosphere, is to be found the ideal sanitarium for the sufferer from neurasthenia, that disease which the stress of modern life brings to the brightest and strongest of the men of affairs in every walk of life. The tired brainworker, on the eve of nervous prostration, the captain of industry, who is going to pieces under the stress of the fierce life of business competition which he is leading, can here find that rest for their shattered nerves, that blissful, dreamless slumber which he can find nowhere else on this continent, save in the Pacific Northwest.

It is not in the fog, for fogs are far rarer on Puget Sound than in the neighborhood of Los Angeles, but in the higher latitude, where the sun's rays strike the earth at a longer angle with the zenith, where light clouds for a greater part of the year intercept and diffuse the glaring light, that, as Major Woodruff claims and proves, the sufferer from nervous disorders can find rest and ultimate cure.

No one who has witnessed the marvelous strides which Seattle has made within the past decade, can question the fact that the people of this city have all the energy, the enterprise, the nervous energy to be found elsewhere. Life is as aggressive, as full of bitter competition here as anywhere. All that has been said about the strenuosity of American life applies as well here as to other American cities. But all is accomplished without that feverish bustle, that surface hurry, that apparent excitement which is seen in many places where, in fact, life moves more placidly than it does here. Neurasthenia does not strike down the worker here. Worry is not deeply lining the face of the man who is carrying a heavy load. He works as hard, thinks as quickly and takes as many chances as men of his type do anywhere and he plays for as big stakes. But he sleeps and he rests.

It is not a land of lotus-eaters, by any means, but it is a land and a climate wherein nervous diseases do not appear; where insomnia is almost a stranger; where cares sit lightly; and the laugh is close to the surface.

Such a climate offers no hope of recovery to the "lunger." The sufferer from infectious diseases of the kind is not desired, and it would do him no real good to come hither. But the sufferer from nervous troubles; the tired brain worker, the broken down business man of the great cities, who has given way under his burden and under the nervous strain which has been intensified by the feverish climatic conditions under which he has been working, can find here relief and rest for mind and nerves. Moreover, he will speedily discover that he can resume here his active business life, with far greater certainty of rewards and with a satisfying assurance that his nervous forces will never again be impaired.

Neurasthenia—The Treatment Away From Home.

The treatment of neurasthenia away from the patient's home, that is in a sanitarium or by travel, is so voluminous a subject that I fear the curtain will be rung down before I can even mention many considerations of great

Digitized by Google

practical importance, and consequently I shall touch but briefly upon details of the physical side of the treatment, such as diet, baths, exercises, etc.; but lay more stress upon the proper apportionment of these forms of treatment to individual cases, and also upon the mental side of the treatment.

Before the physician can decide whether to advise treatment at home, or to separate his patient from his home surroundings he must clearly understand two things, the character or temperament of the patient, and the home environment, which includes the personnel of the family. The characteristics of the patient will determine largely whether he can and will allow himself to be isolated from his cares and worries, which are so closely associated with his home surroundings, sufficiently to permit of effective rest, and whether, on the other hand, nostalgia, or home-sickness would be a serious handicap to his progress away from home. If left to the patient's decision, nine out of ten would probably decide in favor of home treatment, but nine times out of ten homesickness is not a serious factor and often acts to stimulate the patient's own efforts to aid in recovery. In considering the home environment it is often easier to control and adjust the material surroundings than to regulate his intercourse with the members of the family or eliminate the frictions with them, and the manifestations of their anxious solicitude, or to prevent the cognizance of the vexations and irritations incident to all even well regulated households. A mother is keenly familiar with all the sounds of her household and can seldom be so completely isolated that some sound will not penetrate to inform her that something has gone wrong with her family or home. A telephone bell will suggest to the business man that his office is calling up to inquire about him or his business. The patient who is in the position of authority in his home cannot easily yield that authority, and submit to the decisions of relatives and the systematic routine and discipline that should be enforced. It is a remarkable wife who can conceal her emotions and anxiety from her sick husband, and bring into the sick room nothing but stimulating cheerfulness and a convincing hopefulness, or who will consent to absent herself wholly from the room. Many detrimental influences and episodes will often reach the patient which the physician in private practice is slow to recognize simply because he cannot spend enough time in the house to enable him to distinguish its normal atmosphere and the appearance of things as produced by the anticipation of his visit. I think I am right in saying that it is generally conceded by the profession that the numerous and changing details of the rest cure can be most effectively and systematically carried out, and the environment best controlled in a sanitarium or hospital, and that the attempt to isolate the patient in his own home, even with the management of a trained nurse, generally produces only partial results or disheartening failure. It is certain that the physician who has his patient upon the rest cure under the same roof with himself has the great advantage of being upon the spot to control the environment, of which he can have full and certain knowledge, to see for himself that his adjustment of all details is adhered to, to change promptly this adjustment in order to meet the ever changing moods and conditions of the patient, and can more frequently bring to bear his own personality in reassuring, encouraging, correcting, and calling into play the patient's own efforts.

The consideration that unfortunately forces itself upon many patients is

Digitized by Google

one of expense, and they often think that a private room in a hospital or sanitarium is more expensive than treatment at home. Perhaps it is, and perhaps it is not, and here the physician must step in with his opinion as to what the treatment must be to insure health, and in which place it can be most certainly and successfully carried out with the lesser expense.

When Dr. Weir Mitchell elaborated his scheme of "Rest Cure" for neurasthenia, hysteria and allied conditions of deficient nervous energy, his professional work evidently lay chiefly among the wealthy or well-to-do, and naturally the question of expense entered not at all into his consideration. His program was ideal and complete in its carefully thought out details for extreme asthenic conditions, and at first was thought to be equally well adapted to all forms and degrees alike, whether of cerebrasthenia, or myelasthenia, in any phase of this "mimicry of disease." As his scheme involved the entire time of one nurse, sometimes of two, and much time and thought from the physician, with an atmosphere surrounding the patient that might be placarded with the warning to others "get off the earth," it seemed at first that only the wealthy could indulge in the luxury of a cure. Farther study and closer differentiation proved that in some cases of nervous prostration the extreme form of rest cure was not productive of the best results; that often simple change of occupation, work, or environment were sufficient; that the original rest cure could be wisely shorn of many of its details and consequently of much of its expense. The recognition of the neurasthenia, once designated "a disease of the educated and wealthy classes," might be more accurately called "a disease of the worried classes," as worry is a constant concomitant, whereas education and wealth are not. In a sanitarium or hospital many methods and appliances are available at less expense than at home, and many of them unavailable at home at any expense. For instance, quiet, outdoor life, undisturbed by trolley and milk wagons, or unspoiled by board fences and brick walls, or by the gaze of pedestrians, can seldom be found in towns and cities, but in an institution is found in abundance within a stone's throw of the door.

As I have already intimated, the rest cure to be effective should be, like a coat, cut to fit the person, and that implies that the measure must first be taken. No routine prescription of "Rest Cure q. s. ad Recovery" will fill the requirements here, but each item must be weighed and carefully adjusted to the indications of the individual case.

The man suffering with an overworked brain may still have fair quality and quantity of muscle, and rest for him is not to lie in bed and allow his thoughts to flow along in the old channels, but a large part of his rest is found in muscular exercise, ranging from bean bags to boxing gloves, from breathing exercises to ten mile walks. Just what proportion of brain work shall be allowed him is a somewhat more difficult question. Think he must, but we must not let him think upon the same well worn lines of his business, and his physical occupation must be such as will confine his thinking as much as possible to that occupation.

While a man never develops neurasthenia from physical work alone, he will do so if the element of worry is added, and then his specialty will be myelasthenia. Here a larger proportion of rest in bed is called for, and massage, mechanical vibration, light graduated movements and exercises take the place of the more active physical exertion. With him it may be better

Digitized by Google

to encourage the employment of his mental faculties in some purposeful reading or study. The keynote of treatment must be physical stimulation, rest in bed, giving way as rapidly as possible to healthy, normal activity; anemia and muscular weakness met with as much nourishing food as the digestion can take care of, the digestive organs being stimulated by massage, vibration and electricity; the excretions and superficial circulation increased by salt rubs, needle baths, alternating douches, etc.; nervousness overcome by neutral baths, not by bromides; and mental depression dissipated by patient and persistent encouragement from doctor and nurse.

To keep the patient progressing steadily it is not necessary to change the massage, the bath, or tonic so frequently, but the patient's own exertions should be gradually called into play, in the little things at first, such as dressing himself, attending to his own small wants, light reading; then greater things, such as playing cards, billiards, short walks. As muscular strength and nervous endurance develop active exercise should more and more replace treatment. One patient will require constant urging and reassuring to induce him to use, and thus develop his new found strength, while another will have to be restrained from overexertion.

In no other disease is it so true, as Beard expresses it, that "each case of neurasthenia is a study by itself. If two cases are treated precisely alike, from beginning to end, it is probable that one of them is treated wrong." The exact details into which neurasthenia develops in any individual are determined largely by his character, and what is more varied than character? To apply the treatment intelligently and effectively, therefore, it is most important, if not absolutely essential, to first study the character, the mentality of the patient. To stop the over-functioning of the brain, to rest the tired muscles, to bring about regular and sufficient sleep, is not to cure neurasthenia. If it stops at that it is only pruning the branches, not rooting out the disease. Rest may drive out the fatigue and the body be returned to its normal soundness, but the patient is still a neurasthenic unless his orientation is healthy and unless he clearly comprehends where he stands in relation to disease and to his part in life. Few patients can go through neurasthenia mentally unscathed with no erroneous ideas clinging to them in regard to their health, and it is the business of the physician to remove these.

For instance, a patient who admits in a general way, that he is at last well and strong, and yet who sees in the fatigue following a long walk a sure forerunner of collapse, or who thinks a restless night following a day of brain work means an inevitable return of his old insomnia, is not a well man. He must learn to estimate his renewed strength at its true value, to adapt his work to his strength, to draw accurate inferences from his feelings, and acquire a normal confidence in his restored abilities. Here is where the personal equation of the physician comes into play, patience, perseverance, persistence, and tact, perhaps hours of conversations and argument. Perhaps only a few hours of explanations and argument may be required to induce the patient to say, "I don't know but what you are right," but that does not mean conviction, and longer hours may be necessary before the reply comes "I know you are right." Very seldom can a physician in private practice give the time that is necessary to make the frequent and prolonged visits in order to keep in touch with the patient's mind, to re-

Digitized by Google

move his doubts and perplexities, and to establish a degree of confidence in the physician's understanding of the patient's needs that is so essential to success. If he does take this time his just compensation adds greatly to the expense of home treatment.

One of the earliest questions the physician is called upon to consider in the treatment of neurasthenia is travel, and perhaps in the case of an active man whose activities have been along rather narrow lines is the mistake most often made. A man of wide and diverse interests will get rest and change from travel, where the man whose attention has been tied down to his own business and its associations will only be bored in observing the works of nature or of men of other interests. Art, nature, or the works of man usually have little interest for the man whose whole vision from boyhood has been limited to the boundaries of his business until he has worn himself out in a groove whose sides he cannot see over. Happy is the man who has cultivated a hobby —some side interest, or many of them; for in the day when the business of his life has broken down his health, he will find his salvation and pleasure in these. The man having no resource within himself, who becomes tied up in the meshes of neurasthenia is bound with Gordian Knots which no scalpel can cut or traction forceps can deliver him from. He is discouraging material to work upon, and his disease dates from childhood.

Again let me emphasize the importance of the mental side of the treatment, always necessary even in the mildest cases, and without which there is great risk of only partial success or else complete failure.—W. C. Canfield, M. D., in The Providence Medical Joudnal.

Gastric and Duodenal Ulcer.

W. J. Mayo, Rochester, Minn. (Journal A. M. A., Sept. 22), says that surgery of acute gastric or duodenal perforation is now on a sound footing, the results depending on the early and prompt diagnosis and operation. He and his brother have had seven gastric and nine duodenal cases with two and three deaths, respectively. Suture of the perforation and pelvic drainage with or without irrigation, and keeping patient in the exaggerated Fowler's position for several days give the best results. Stricture may be expected and if the patient is in good condition Mayo would usually perform gastrojejunostomy; if not, he would not risk it. In acute recurring hemorrhage he would suture the bleeding point directly; he has not found gastrojejunostomy reliable in these cases. Chronic hemorrhages, on the other hand, can be treated by gastrojejunostomy, though in several cases he has excised the ulcer and closed the defect by a plastic operation not interfering with drainage by later contraction. Six hundred cases of chronic gastric and duodenal ulcer operated on by the Mayo brothers are analyzed, 436 gastric, 135 duodenal, and the rest combined gastric and duodenal. The great majority were indurated. The various surgical procedures are discussed and their methods described. They prefer the no-loop method in gastrojejunostomy, and speak highly of Finney's gastroduodenostomy as admirably fitted for certain cases in which the other method is less suitable. Rodman's operation is also highly spoken of; it has its chief indication in indurated lesions in the vicinity of the pylorus. At present it seems that gastrojejunostomy has the largest field of usefulness, especially when there is permanent interference

Digitized by Google

with gastric mobility by reason of obstructive lesions at the pyloric end. When obstruction is due to spasm or other non-mechanical cause, Finney's method is the operation of choice, and in connection with it, excision of an ulcer, either gastric or duodenal, in close proximity to the pylorus can often be done with advantage. Gastric ulcers not interfering with drainage or motility, should, if possible, be directly excised in the opinion of the Mayos. Calloused ulcers of large and thick hard margins, whether hourglass or not, are best treated by some form of gastric resection, as they have been found undergoing carcinomatous degeneration. The great majority of all cases call for gastrojejunostomy, those needing excision or resection are exceptions. More than 90 per cent of patients operated on can be shown to have been cured. Failures are due more to technical errors resulting in bad mechanics than to operation. Mayo advises careful study of nervous gastric symptoms which so closely simulate ulcer and failure of diagnosis of which might bring discredit on surgery. The article is illustrated.

Some Pathological Features of the Pulp.

V. A. Latham, Chicago (Journal A. M. A., Sept. 22), discusses various points in connection with pulp diseases, pointing out that the histology and pathology of the pulp, while in some ways very simple, are in others very complex. It is also difficult to say just what is a normal pulp. The peculiar structure and location make it particularly liable to inflammatory changes from various irritations and lesions and the surrounding tissues, while not by any means fully protecting it from invasion, act as a barrier to the escape of exudation and produce the dangers of compression. If the pulp has been exposed it is difficult to disinfect and hermetically seal it, as chemicals act differently in different teeth and individuals. The inflammation of the pulp is treated of in considerable detail, its etiology, symptoms, sequels, the bacteria and their mode of invasion and the pathologic conditions are all discussed at some length. Pulp diseases, especially chronic inflammation of the pulp, or as she prefers to designate it, interstitial pulpitis, seem, from her enumeration, to be among the most frequent of dental disorders. A peculiar circumstance is that the frequency of all inflammatory diseases increases to the first molar and then decreases. Inflammatory conditions occur more frequently in the upper premolars, bicuspids and incisors than in the lower, but the lower molars suffer more often than the upper ones. Nerve degeneration in the pulp has been little studied, but it is evident that it occurs, and may occur from contusion as well as from complete severance of the nerve. The article is illustrated.

The Medical Treatment of Duodenal and Gastric Ulcer.

A. Lambert, New York City (Journal A. M. A., Sept. 15), states that when medical treatment is considered desirable in gastric or duodenal ulcer, the first essential is complete rest for the body and stomach, which implies rest in bed and rectal feeding, followed by milk diet. The length of time necessary for the patient to remain in bed varies from a week or two to several weeks, according to the severity of the case, and the rectal feeding should continue from three or four to ten days correspondingly. Gastric feeding should be begun before the rectum becomes intol-

Digitized by Google

erant, and as the amount given this way is increased that by the rectum should be decreased. Peptonized milk at long intervals should be the first food, and at the end of the week the patient should be getting a quart in 24 hours, with the rectal feeding discontinued. It should then be gradually increased up to two quarts a day and it is safe to begin to reduce the peptonization and to use cooked cereal gruel as part of the diluent. At the end of the fourth week the patient may be taking raw milk and in the fifth and sixth weeks can gradually return to a light unirritating natural diet. During the bedfast period the patient should receive daily alcohol spongings and baths and light massage, avoiding the abdomen. Some unirritating iron preparation may be given if necessary. To insure against relapses the patient should be instructed to use an unirritating diet and mode of life, avoiding over-exertion, alcohol, highly-spiced foods and anything that will irritate the stomach. Large doses of bismuth subnitrate are recommended before meals. The Lenhartz protein diet is mentioned and described. Special mention is made of two methods of drug treatment: the Fleiner bismuth cure and Cohnheim's olive oil treatment. The objections to them are the use of the tube, which the author, however, thinks is not always essential and can be used safely with due precautions. In cases with hemorrhage, however, it is decidedly contraindicated. The use of astringents is mentioned—also the use of alkalies. The serious complications of ulcer are perforation and hemorrhage and the former is always a matter for surgical treatment, and the latter, if severe; the patient should not look on the surgeon as the last resort. While the results of medical treatment are not altogether favorable, Lambert thinks that if we could separate the acute cases in young individuals, we would have a high percentage of actual cures. As regards hemorrhages, he thinks medical treatment offers more chances than surgery, but accepts Leube's indications for surgical interference. "1. Repeated, little, unceasing hemorrhages, sapping the vitality of the patient, absolutely indicate early surgical interference, and all the more so if stasis is also present. 2. A simple profuse hemorrhage is not a surgical indication. But if it is repeated, an operation is relatively, not absolutely, indicated. An operation is only indicated if the pulse and general condition of the patient justify it." Lambert thinks that in skilled hands the mortality of gastric surgery for ulcer is today about the same as in medical treatment without surgery. Physicians can not adopt enthusiastically a surgical point of view until the best operation and its technic is more generally agreed on, and we have more statistics of final results. At present, he believes, at least, in careful preliminary medical treatment.

Nephrolithiasis.

A. H. Cordier, Kansas City (Journal A. M. A., Sept. 22), reviews the subject of kidney stones, their causation, symptoms, treatment, etc. His conclusions are that nephrolithiasis is more prevalent than is generally supposed and that there seems to be some specific cause for its more frequent occurrence in the right kidney. The stone in 80 per cent of his cases having been in that organ. A stone once formed in the pelvis of the kidney, if too large to pass out, will sooner or later cause trouble. Suppuration, as a rule, is a late process, and should be anticipated by early operation. With carefully obtained

Digitized by Google

clinical history diagnosis is easy. Obscure persistent pains in the kidney region with the history of previous renal colic, should lead to an exploration of the organ. A wound in a healthy kidney heals quickly. Hemorrhage is usually easily controlled and the operation of nephrolithotomy has a very low mortality. The patency of the ureter should be assured at the time of operation and this existing, the kidney should not be removed unless it is practically destroyed by the disease. Postoperative patience and faithful effort on the part of the surgeon would make it possible to save many organs that otherwise would have to be sacrificed. Medical treatment may be palliative to tide over an attack, and possibly may prevent a recurrence. He advises care as regards the use of morphin, lest a cumulative effect of too frequently repeated dose be caused when tolerance due to the pain has ceased with the cessation of the attack. The article is illustrated.

Sigmoid Pathology.

The anatomic conditions favoring the occurrence of lesions of the sigmoid region are noted by H. D. Niles, Salt Lake City (Journal A. M. A., Sept. 15). He thinks that angulations and partial obstructions of the colon at this point are more common than has been generally believed, and shows how pressure from hardened feces under such conditions may easily be the cause of ulcer and later of malignant disease. Incomplete nonmalignant stricture occurs probably next in frequency to ulcer in this region. The early recognition of sigmoid ulcer and its complications is, therefore, of the utmost importance, and especially since the after results may be so serious. A suggestive history, left-sided tenderness, with or without bowel inflation, colicky pains, pus or blood in the stools, obstinate constipation or obstructive symptoms, other diseases being excluded, are signs that should suggest a sigmoid pathology. Inspection, palpation and percussion, before, during and after distension of the bowel with water or air, are specially mentioned as valuable for detecting and locating stenosis in this part. The essential treatment, as in gastric ulcer, is rest, and timely operative measures, irrigation and starvation methods failing, are indicated.

Gastric and Duodenal Ulcer.

F. Billings, Chicago (Journal A. M. A., Sept. 15), discusses the etiology and diagnosis of ulcer of the stomach and duodenum, which are pathologically identical with the not uncommon acute erosions that temporarily occur, but are not here considered by him. The chronic gastric ulcer follows nutritional disturbance of a limited area of the mucosa, resulting in the destruction of this area by the gastric juice. The disturbance may be brought about by bacterial infection associated with local trauma and vascular disease, local areas of muscular spasm, gastric stagnation and anemia may all be factors in certain cases. The classic symptoms are: 1. Pain, usually localized and aggravated by palpation and food. 2. Hematemesis or melena. 3. Hyperchlorhydria and the sometime evidences of gastric stagnation. Chronic ulcer, however, is often latent and in such cases one or more of these symptoms may be absent. Intervals of latency may follow periods with these symptoms. Duodenal ulcer is not infrequently associated with gastric ulcer and probably has the same etiology. Its position between the pylorus and papilla of the bile duct is such that it prac-

Digitized by Google

tically produces all the symptoms of the gastric disease, except that usually there is only melena and no hematemesis. Billings says: "Given a history of dyspepsia with pain, tenderness, hematemesis or melena, or of occult blood in the stomach contents and stool, hyperchlorhydria with evidences of gastric stagnation, if after a full meal the stomach does not become practically empty in seven hours and if the stagnant element is hyperacid, and if it contain undigested starch cells, ulcer of the stomach or of the duodenum near the pylorus is present." Cholecystitis may stimulate gastric ulcer, but the localization of the pain and its radiation and the absence of blood in stomach contents and the stools will usually aid the diagnosis. When jaundice and evidence of general infection are present, the diagnosis is more plain. The pain of simple hypertrophic pyloric stenosis is not so severe as that of ulcer nor is there the frequent hyperchlorhydria. It occurs usually in the very young and the history will also aid in the diagnosis. Cancer of the stomach may cause confusion, especially as it is often granted on an ulcerative base. For a time it may keep the diagnosis in doubt. Neuroses of the stomach are not at all uncommon and may sometimes render a good deal of careful study necessary for a positive diagnosis. The gastric crisis of tabes, the referred pain of appendicitis, the Dietl phenomenon of floating kidney and the abdominal or epigastric pain of pneumonia and pleurisy ought not to cause confusion with careful examination. Ulcer of the stomach and duodenum is not uncommon and should be easily recognized when the classical signs are present. In other cases there may be difficulty, requiring long study of the case and of the gastric contents and stools.

The Art of Medicine.

E. Hornibrook, Cherokee, Iowa (Journal A. M. A., September 15), thinks that it is possible that while scientific medicine has made wonderful advances in the last half century, the art of medicine, as distinguished from the science, has even deteriorated. Scientific research has done much for preventive medicine, but the triumphs of modern investigation in medicine are limited. Observation and experience have done practically more, he thinks, than laboratory research, and he questions the wisdom of so framing the curriculum of medical instruction that so large a part of the time is given to such subjects as bacteriology at the expense of the study of practical symptomatology and perverted function. He does not wish to be understood as decrying research. His contention is not that sciences should be studied less, but that symptomatology and therapeutics should be studied more. The tendency of the age is to extol the new and to decry the old, and often with unsatisfactory results. Wisdom that has not been gathered within the last decade is seldom accredited, and he sees in this cult of the novel, the reason for the nostrum evil. With the decline of the art of medicine has come that of the family physician and the confidence and esteem in which he has been hitherto held, and the gratitude and affection he once received is not given with the ungrudging generosity with which it is given to the trained nurse. Perhaps, Hornbrook says, our patients think that we are more interested in the scientific aspects of their cases than we are in their immediate welfare. In either case it is a matter for our serious consideration.

Digitized by Google

Ulcer of the Stomach.

W. F. Hewes, Boston (Journal A. M. A., Sept. 15), holds that medical treatment is an efficient though not absolutely certain method of cure in case of simple uncomplicated gastric ulcer, with or without hemorrhage. In cases of chronic ulcer, complicated with disturbance of the ability of the stomach to empty its contents into the duodenum, that is, cases of obstruction of the pylorus, or contraction of a part of the stomach wall by ulcer causing a permanent gastrectasis, medical treatment gives very satisfactory results for the combined condition so long as it is continued, but permanent cure is rarely accomplished. Surgery, on the other hand, gives good permanent results with a certain amount of risk and on the whole Hewes thinks the advice of surgical treatment is correct. In cases complicated by perforation, recent or past, with continuing symptoms, surgery is the only recourse. He gives a report of his experience calling attention to the advantages of medical treatment in cases of simple uncomplicated ulcer, especially in the well-to-do, who can carry out the treatment for a long period. There were 51 of these patients, two of whom were subsequently operated upon. Of the other 49 cases there were only 16 who carried out the treatment thoroughly, and of these 13 recovered, though 48 were relieved while it was continued. One patient died under treatment from hemorrhage. Of 13 patients treated surgically six, or 46 per cent, were cured; three were not relieved and four died. These figures show that, while surgical treatment is efficient in many cases, it does not prevent recurrence in all cases, and is not infrequently fatal. There were 26 cases of chronic ulcer with gastrectasis. Twenty patients were treated medically; none were cured, but 17 were relieved by treatment while it lasted. Three were not relieved. Some of those relieved were able to go without treatment for several months. Of the 14 patients treated surgically, 9 were cured, 3 were not improved, and 2 died. While the facts favor medical treatment as against surgery in simple gastric ulcer there are certain cases in which the possibility of cancer must be considered and an early immediate operation advisable. Such a case is reported with continued perfect health for two years since the operation.

Neoplasms of the Colon.

The general subject of neoplasms of the colon is discussed by A. F. Jonas, Omaha (Journal A. M. A., Sept. 15), who reports 16 cases. While the innocent growths may sometimes give rise to mechanical obstruction, etc., the chief interest is in the malignant tumors, under which head are included carcinoma in all its varieties and also adenoma and inflammatory papilloma. Sarcoma also occurs, but is extremely rare. Cancer is usually primary, but it may be secondary in exceptional cases. It commonly occurs between the ages of 40 and 60, but it may occur earlier, and it is not safe to exclude it in the diagnosis on account of age. There is no disease of the intestine that in its early stages is usually so free from symptoms, and its existence, therefore, is often unsuspected until after grave complications have developed. Jonas insists on the importance of repeated palpation and of observation of the peristaltic wave in the diagnosis. Cases occur, however, in which no tumor is palpable, and they may progress till a fatal termination is imminent without other evidence of the condition than cachexia, emaciation and aggravated bowel inactivity. Of the 16

Digitized by Google

cases reported, all but one were malignant and mostly well advanced. There was a mortality of three cases, but recurrences were numerous, and Jonas is unable to say that any of the patients will remain well. While the operative mortality is not so small as desirable, he thinks that with the increase of diagnostic aids permitting earlier recognition of the disease, it will eventually be no larger in these cases than in other abdominal operations. A resection is usually necessitated, and he suggests from his experience two methods as being easy and rapid, viz.: First, in cases in which the resected ends are not entirely free from inflammatory conditions, a closure of both ends of the bowel with purse string and Lembert suture, after removal of the growth, and a latent anastomosis near the ends with suture aided by the Moynihan clamps; and second, after the removal of the growth, the bowel being otherwise sound, an end-to-end union with a Connell and Cushing suture aided by the double loop suspension ligature. The merits of these methods will be discussed, he states, in a later communication.

Wanted: Brains to Dissect.

By Charles Stirrup.

It may not be generally known that all over the civilized world there is a strong demand for brains that are a little above the average in quality; not intelligence, or intellect, or genius, but, literally, that part of the human organism which is contained within the skull and is known as the brain.

Scientists who devote themselves to the study of comparative anatomy have for the most part nothing better to dissect than the brains of paupers and lunatics. These, however, leave much to be desired, and it is to the interest of the human family that the brains of cultured and learned people should be placed at the disposal of those patient and laborious men who are engaged in the vastly important work of unraveling the secrets of the working of the mind.

But it must not be supposed that a certain number of such brains are not forthcoming. Comparatively speaking, they are few, but, still, more numerous than most people imagine. In the great majority of cases they are bequeathed by their respective owners. On one occasion Sir William Fowler, the famous authority on comparative anatomy, in addressing an audience of cultured men and women, spoke of the difficulties he and his fellow workers had to contend with in having little else than the brains of people of low intellect to dissect, and went so far as to appeal to the audience to help science in this matter in the only possible way. On the conclusion of his address several members of the audience, including a few ladies, promised to bequeath their brains to him, and, it is said, prove as good as their word. More than one man of great eminence has regarded as something in the nature of a duty to do this in the interest of science. Prof. Goldwin Smith, for instance, some time ago formally willed his brain to Cornell University.

Some remarkable brains have been sold, not given. An Englishman who calls himself Datas has disposed of his to an American university for $10,000. He is a man of little education, and for many years worked as a coal miner. But he has a marvelous memory, especially for dates, and is now earning a handsome income on the music hall stage. Any member of the audience may ask him the date of some occurrence, and is answered instantly. It is considered that his brain must show some very unusual

Digitized by Google

development, and there was not a little bidding to secure it after death.

It stands to reason that the brain of a man of intellect offers a much richer field for observation than the brain of a pauper or some other human derelict. The brains of great men vary very much; more, in fact, than do those of nonentities. It is found that men of encyclopedic mind have very large and heavy brains—Gladstone had to wear a very big hat—with an enormous bed of gray matter and numerous convolutions; on the other hand, men whose genius is concentrated upon one line of thought are of small brain, and, consequently, have a small head. Newton, Byron, and Cromwell belonged to this class, and each had a small head. Yet many people imagine that this is a sign of small mental capacity. A visitor who was shown the skull of Cromwell was so disappointed at its size, that the caretaker of the relic endeavored to console him by saying that this was the skull of the great Roundhead when he was a boy. Prof. Symes-Thompson told this anecdote in a recent lecture, and he also mentioned that Newton was so small when born that he could be put inside of a quart pot.—Scientific American.

Medicolegal.

The Supreme Court of Washington says, in the personal injury case of Williams vs. Spokane Falls & Northern Railway Company, that the plaintiff, no doubt, waived his privilege when he permitted a physician who had examined him in his professional capacity to give his testimony without making any objection thereto. But he had a right to discredit the witness by showing interest or bias in the case, and legitimate cross-examination was perfectly proper for that purpose. A wide latitude is usually, and should be, given on cross-examination, the extent of which must be governed largely by the discretion of the trial court. Such discretion will only be reviewed for abuse thereof.

The principal defense in this case was that the plaintiff was in a large measure simulating his injuries. The defendant's evidence tended to show that he was afflicted with what the physicians termed hysterical paralysis, and that the pendency of a lawsuit had a strong tendency to prevent improvement in such cases. Evidence with regard to the frequency of the visits to him at the hospital of the defendant's claim agent was received by the trial court on the theory that it had a tendency to rebut the evidence of the physicians by discrediting their statements that the plaintiff was suffering from hysterical paralysis, because under such circumstances the attending physicians would not have permitted the claim agent to visit the plaintiff. The Supreme Court holds that the evidence was admissable for that purpose, and for that reason only.

Paraffin Plates in the Treatment of Symble-Pharon.

In the severer cases of symblepharon, W. H. Wilder, Chicago (Journal A. M. A., August 25), remarks that the ideal operation implies the restoration of the fornix and mobility of the eyeball, or if this is absent, the securing of a cul-de-sac allowing an artificial eye to be worn. While the ideal graft material can not always be obtained, Thiersch grafts of suitable size may be employed, and he suggests as a material for holding them firmly and smoothly in place sheet lead coated with paraffin, which can be easily shaped by scissors, knife and file, with a proper opening to fit the cornea. The paraffin, or

Digitized by Google

course, should be hard, with a melting point not lower than 130 F., and the grafts applied to the paraffin to which they adhere and the plate inserted into the new fornix after having been covered. The details of his technique are given. He gives his conclusions as follows: "The advantage of a plate for holding mucus or Thiersch grafts in place in the fornix of the eyelids is obvious. The advantage of the paraffin plate is that it can do no harm to the cornea. It can be built up as required to fit any conjunctival cul-de-sac that has to be lined with a Thiersch graft. The graft adheres to the paraffin, so that it can be evenly smoothed out on it, and thus perfect coaptation is secured between the graft and the raw surface of the cul-de -sac. To accomplish this, the graft should be thin and large enough to cover all raw surface, no suture being required. With perfect coaptation the graft will have secured a firm hold at the end of 48 hours and the plate can be removed for cleansing the eye. In case of restoration of the socket for prothesis, it may be left in place for a considerable time, for the sac can be cleaned by irrigation through the holes in the plate. If it is so large that there is difficulty in removing it, it can be cut in two and the subsequent treatment continued with a plate that can be more easily inserted."

The Fetich of Disinfection.

The value of modern disinfection methods, as applied after cases of contagious disease, is questioned by C. V. Chapin, Providence, R. I. (Journal A. M. A., August 25), who, while not denying the possibility, thinks that cases of transference of disease by infected articles and dwellings are very rarely well authenticated. In his experience of twenty-two years as health officer he has seen very few of them and has become convinced of their comparative unimportance. We are apt, he thinks, to overestimate the vitality of germs outside of the body and to underestimate the importance of mild unrecognized cases of infectious diseases as factors in its spread. Healthy individuals are also carriers of disease germs, and as such are more numerous than the mild unrecognized cases of the disease itself. A good deal of disinfection, moreover, does not disinfect, and the futility of disinfecting houses and things when we are not sure that the persons inhabiting them or using them are themselves non-infectious is obvious. A practical test of the nonutility of disinfection has been made in Providence. During the past year the warning card has been removed without disinfection in 258 cases of diptheria, and there has been a recurrence in the family within two months in four cases, or 1.55 per cent. In eighty-seven cases in which disinfection was practiced during the same period, or a few months preceding, there was a recurrence in 2.3 per cent. of the cases. The overestimation of the value of disinfection is, he thinks, the greatest hindrance to the development of better methods of handling disease and guarding against infection.

Entrance Requirements.

G. W. Webster, Chicago (Journal A. M. A., August 25), points out that too little has been done toward raising the standard of entrance requirements in our medical schools and that, in some instances, they are even behind those of the Philadelphia Medical College one hundred and forty years ago. The weak point in our medical educational plan is the standard of entrance requirements; they are too low

Digitized by Google

and are to be fixed by the medical colleges themselves. The real regulation is properly in the hands of the state; the respective examining bodies have it in their power to determine what shall be required, and he therefore recommends, as the minimal standard of entrance requirements, evidence of graduation from a recognized high school, or its equivalent, as certified by some designated state official, such as the superintendent of public instruction, and in addition to this, satisfactory documentary evidence of having completed at least one year of not less than nine months of work in chemistry, biology, physics and languages in a recognized college or a medical college having a special additional year devoted to these subjects. This requirement is to apply to all students matriculating after Jan. 1, 1910. This recommendation of the paper, which was offered at the report of the Committee on Entrance Requirements of the National Confederation of State Medical Examining and Licensing Boards, was unanimously adopted by that body at its Boston meeting, June 4, 1906, and by the Illinois State Board of Health, June 20, 1906.

Dr. F. Fede, Director of the Pedriatric Clinic at the Royal University of Naples, Parliamentary Deputy, etc.:

I have made use of Phytin and Fortossan in my clinic and among my patients for the treatment of different forms of weak constitution, in particular rachitis, and athrepsia, in conjunction with iron in the case of anemia, and always followed by a notable amelioration. These preparations of organic phosphorus have proved themselves to be of surprising efficacy in the case of rachitis, and in nervous cases, restoring calm, and arresting the disease of the bones. One can administer it to children in all security, and one can expect most happy results, particularly with the tonic effects which they produce in rachitical paralyses of the lower members.

Interstate Reciprocity.

E. B. Harvey, Boston (Journal A. M. A., August 25), holds that what is called reciprocity in interstate medical practice is a misnomer. It has nothing to do with protection, but is practically free trade. He notices the different methods in vogue as regards registration and the differences in the medical practice laws in the different states, and maintains that the recognition of credentials of practitioners from other states and their admission to practice without examination destroys the protection against ignorance and incapacity. The objections he has against so-called reciprocity are given in detail. He maintains that it confers exclusive privileges to outsiders, admitting them to practice on insufficient examination, and that it tends to deteriorate the standard of medical education. He quotes from the examinations of the different states to show the laxity in some, as compared with others, which he assumes to exist. It would favor the migrating incompetent and he claims would interfere with state sovereignty. Let each state, he says, adhere to its own ideals.

Diseases of the Stomach.

I have made much clinical use of Seng, and am highly pleased with results. I think it one of the finest preparations for diseases of the stomach extant, and regard it as a valuable remedy. It often acts favorably when all other remedies fail.

J. C. HAMMOCK, M. D.

Walkertown, N. C.

Digitized by Google

Personal.

Oregon.

Dr. W. G. Cole, of Pendleton, was in Portland last month.

Dr. C. E. Saunders, of Union, was in La Grande early last month.

Dr. N. R. Luther has removed from Kings Valley to Sodaville.

Dr. W. Gavey, of Condon, took a trip to California last month.

Dr. H. L. Anderson, of Astoria, went to Niagara Falls last month.

Dr. Roger Biswell, formerly of Baker City, is located at Harrisburg.

Dr. W. B. Morse, of Salem, was in Portland recently on professional business.

Dr. C. H. Robertson and family, of Salem, had a fine vacation at Newport.

Dr. R. D. Burrow and family had a fine vacation in the Steins Mountains.

Dr. E. E. Ferguson, of The Dalles, attended the irrigation congress at Boise.

Dr. E. E. Ferguson represented The Dalles at the Irrigation Congress at Boise.

Dr. and Mrs. C. T. Hockett, of Cottage Grove, were Salem visitors last month.

Dr. J. A. Geisendorffer, of The Dalles, was a September visitor at Portland.

Dr. Louis Pfandhoefer and son and daughter, of Falls City, were in Dallas recently.

Dr. C. J. Smith, of Pendleton, was calling on some of his Portland friends last month.

Dr. and Mrs. R. G. Gale, of North Bend, spent a few days in Portland early last month.

Dr. J. W. Ashford, of the Livermore (California) Saanitarium, was in Portland last month.

Dr. C. W. Tower, of Marshfield, attended the G. A. R. reunion at Myrtle Point last month.

Dr. J. Griswold, of Helix, spent some time last month at his ranch near Two Rivers, Wash.

Drs. Wood and Gavey, of Condon, have formed a partnership for the practice of medicine.

Dr. Chas. H. Newth, of Philomath, is having a handsome new office building constructed.

Dr. Willard Smith, of La Grande, has gone to Phoenix, Arizona, for a six months' vacation.

Dr. A. P. McLaren, of Rainier, spent some time last month fishing, and had trout to give to his friends.

Dr. Thos. I. Marks, of Halsey, attended a meeting of the pension board at Albany last month.

Dr. C. G. Patterson, of Baker City, with his brother of Canyon City, were Portland visitors last month.

Dr. Francis Moormeister has located at La Grande. The Doctor brings fine recommendations from abroad.

Dr. L. W. Chilton, of Canyon City, left last month for Minnesota, where he will take a post-graduate course.

Dr. W. H. Coulter, formerly of Toronto, Canada, has become associated with Dr. W. O. Spencer, of Huntington.

Dr. C. A. Stewart, of Oregon City, had a visit recently from his father

Digitized by Google

and mother, who live in North Yamhill.

Dr. W. B. Holden, of Portland, returned last month from an eastern trip that took him as far as Buffalo, N. Y.

Dr. and Mrs. H. S. Garfield, of Pendleton, spent a month at the head of Meadow Creek during the vacation period.

Dr. U. C. Coe, of Bend, was in a buggy accident a month ago, and as a result walked around with a bandaged hand.

Dr. G. H. Merryman, of Klamath Falls, spent a week last month at Crystal Creek and Crater Lake. He had a fine trip.

Dr. Florence S. Manion is leaving on the 10th of this month for a trip to Europe. She will visit the leading hospitals during her trip.

Dr. Norton E. Winnard, of Heppner, took a course in the treatment of the eye, ear, nose and throat when in the eastern states during the summer.

Dr. Willard B. Smith, of La Grande, has issued cards to his patrons, announcing his absence from home from September 25th to May 1st. The Doctor has been working too hard.

Dr. and Mrs. Myers, of Albany, have returned home. They were visiting in Colorado last month, when the doctor had an attack of appendicitis. He recovered sufficiently to return home.

Dr. and Mrs. P. F. McMurdo, of Falls City, were visitors last month in Dallas. The Doctor is manager of the Polk County Hospital, and was formerly a surgeon in the U. S. Army.

Dr. E. O. Hyde, of Prineville, formerly of Scio, visited his brother recently at Albany. The doctor also came to Portland as a witness in some of the federal cases being tried there.

Dr. C. W. Cornelius, of Portland, who has retired from the practice of medicine, has been demonstrating that he is something of a horticulturist, by displaying some extra fine potatoes at the State Fair.

Dr. M. C. Strickland, of Oregon City, was appointed by Governor Chamberlain one of the delegates from this state to the Tuberculosis Convention at New York City, to be held November 14th.

Washington.

Dr. C. L. Moad has opened an office at Wenatchee.

Dr. C. W. Bice, of Ritzville, was in Spokane last month.

Dr. J. Anderson is the first automobile owner in Rosalia.

Dr. G. W. H. Moore, of Davenport, was at the Spokane meeting.

Dr. Thomas R. Steegall, of Ellensburg, is now County Physician.

Dr. L. J. Coberly, of Garfield, has moved his office to his hospital.

Dr. C. N. Suttner, of Walla Walla, attended the Spokane meeting.

Dr. George V. Ellis, of Medical Lake, has been on the sick list.

Dr. Paul Smits, of Aberdeen, has built an addition to his hospital.

Dr. M. L. Adams, of Ballard, was in evidence at the Spokane meeting.

Dr. I. S. Clark, of Sprague, was a Spokane visitor early last month.

Dr. J. W. Ingram, of Walla Walla, was a Portland visitor last month.

Dr. Harvey J. Felch, of Ellensburg, has planted a good-sized apple orchard.

Digitized by Google

Dr. Martin Stilee, of Walla Walla, spent a short vacation in the mountains.

Dr. and Mrs. F. C. Jones, of Sunnyside, visited in North Yakima last month.

Dr. Thomas A. Russell, of Spokane, was a visitor in Lewiston, Idaho, last month.

Dr. E. C. Lanter, of Wilbur, took a patient to the hospital at Spokane last month.

Dr. C. S. Emery, of Ballard, and family have returned from Okanogan county.

Dr. John A. Baleiger, of Colfax, visited his parents recently at White Salmon.

Dr. Eugene Hamley and wife, of Sprague, visited during the summer in Iowa.

Dr. Clara Moore has returned to Walla Walla, after an absence of several months.

Dr. Parke W. Stuart, of Ballard, announces himself as a candidate for the legislature.

Dr. James F. Boyle, of Walla Walla, was married last month to a young lady in Canada.

Dr. Cornelius J. Lynch, of North Yakima, has been investing in Ellensburg real estate.

Dr. George Sloan, of North Yakima, was one of a picnic party at Cle Elum early last month.

Dr. L. R. Markley, of Bellingham, was at Spokane during the meeting of the State Society.

Dr. Chas. P. Thomas, of Spokane, has just bought $41,000 worth of improved Spokane property.

Dr. J. D. Campbell and wife, of Sunnyside, spent a week with relatives at Mohler, Idaho, last month.

Dr. and Mrs. John Benson, of Colfax, spent two weeks with their daughter last month at Coeur d'Alene.

Dr. and Mrs. Walter M. Ely, of Walla Walla, recently visited with Mrs. Ely's parents in Corvallis, Or.

Dr. Solon R. Boynton, of Bellingham, has gone on a trip east, and Dr. J. C. Graffin is looking after his patients.

Dr. Wm. S. Gaines, wife and daughter, were in Walla Walla last month. The daughter is attending Whitman College.

Dr. and Mrs. G. B. Smith, of Anacortes, and Dr. M. B. Mattice, of Sedro Woolley, attended the Spokane meeting.

Dr. Frank E. Culp, of Wenatchee, was at Spokane during the State Society meetings, and enjoyed the papers and discussions.

Dr. W. M. Karshner, of Puyallup, has been appointed a member of the legislative committee of the Pierce County Medical Society.

Dr. H. W. Allen, of Spokane, is being boomed for the republican nomination for governor of the state by some of the newspapers.

Dr. A. W. Green, of Medical Lake, has bought in the Kootenai river valley, Idaho, a farm of 533 acres for $11,000. The Doctor talks of moving onto the farm.

Dr. D. W. Henry, of Endicott, was married recently to Miss Ethel Person, of St. John. The doctor proposes as incidental to his wedding tour to take a post-graduate course in medicine and surgery in Philadelphia.

Digitized by Google

Idaho.

Dr. E. E. Maxey called on his Portland friends last month.

Dr. G. E. Shawhan, of Boise, was a Portland visitor last month.

Dr. O. A. Jeffrey, of Weiser, has arrived in that city with his bride.

Dr. H. P. Ross, of Nampa, spent his summer vacation at Payette Lakes.

Dr. Wm. K. Jameson and wife, of Moscow, visited last month in Lewiston.

Dr. John A. Auiguire, of Pocatello, was a visitor at American Falls last month.

Dr. J. W. Turner, of Cottonwood, gets after his country patients on a motor-cycle.

Dr. Elizabeth Todd, of Lewiston, has returned from a pleasant vacation spent in Portland.

Dr. H. A. Brereton, of Boise, spent a month at his old home near Madison, Wisconsin, during August and September.

Dr. J. B. Morris, of Lewiston, is making an active canvass for the office of state treasurer on the democratic ticket.

Dr. J. K. Clarke, of Weiser, who spent some time in Chicago in the hospitals last month and the month before, writes to his home paper about the terrific heat in the city by the lake.

Dr. J. M. Wheate, who has been a surgeon in the army in the Philippines for five years, is thinking of settling and practising his profession in Boise. Ill-health caused his resignation of his position in the army.

Montana.

Dr. F. M. Poindexter, of Dillon, visited in Butte last month.

Dr. Horace M. Hall, of Butte, had an outing last month at Redrock Lakes.

Dr. M. W. Feenan, of Anaconda, was thrown from his buggy and seriously injured.

Dr. J. A. Lamb, of Kalispell, attended the Masonic meetings at Helena last month.

Dr. M. A. Walker, of Dillon, had some duck shooting last month on Redrock Lakes.

British Columbia.

Dr. Saul Bonnell, of Fernie, and some of his friends, took a week off last month, to hunt prairies chickens.

Dr. J. L. Robinson, the new superintendent of the Vancouver general hospital, comes from Montreal, well recommended.

Dr. C. L. Fagan, the energetic health officer, says that the proposed new provincial hospital for consumptives will probably be located near Kamloops Lake.

In Anemia Splenica the blood changes are of the chloro-anemic type. There is marked chronicity extending over many years with a greatly enlarged spleen. There is a leuchemia with greatly reduced amounts of hemogolobin. Hemorrhages usually occur in the stomach on account of the close anatomical relationship of the stomach and engorged spleen. Pepto-Mangan (Gude) increases the amount of hemoglobin and builds rich new blood; repairs all waste from hemorrhagia. Tests by the use of the hemocytometer and clinic observation prove the efficacy of this preparation.

Digitized by Google

PUBLISHERS' NOTES

Ecthol is an agent that is gaining great popularity by reason of its wide range of usefulness. It contains the active principle of echinacea, which is an old remedy. A recent number of the Chicago Year Book states that the prompt results gained from it have caused all writers to express themselves with such apparent extravagance as to really retard the introduction of this agent to the profession at large. In summing up, the statement is made that "it will yet establish for itself, by its inherent valuable therapeutic properties, with the entime profession a fixed and permanent place." Ecthol is anti-purulent and a corrector of all dyscrasia of the fluids. It is used locally and internally. The dose is a teaspoonful four to eight times daily. It is useful in septicemia and all cases of blood poisoning from whatever cause. It is excellent for erysipelas, carbuncles, abscesses, boils, sores, ulcers, gangrene and as a gargle in diphtheria and putrid sore throat.—W. T. Marrs, M. D., in the Medical Summary.

Fellows' Hypophosphites has earned a well deserved reputation as routine tonic medication for neuralgia. In addition to the tonics, iron, strychnine and quinine, it contains the one remedy—phosphorus—whose selective restorative action is upon the nervous system, and which can usually be depended upon to overcome the underlying causative neuropathic condition present in so many cases. Fellows' Syrup seems, however, to be efficacious as a tonic and reconstructive in all forms of neuralgia; this beneficial influence of the remedy is probably due to the fact that it strikes at the root of the disease and removes malnutrition and systemic depression in whatever form manifested. The persistent use of this syrup will gradually reduce the frequency and severity of the attacks of neuralgia and place the patient in the best possible condition to withstand the paroxysms so that a resort to opiates or other narcotics becomes less imperative. All authorities agree that the desideratum of treatment in neuralgia is to build up the patient by appropriate nervine tonic and reconstructive remedies; Fellows' Hypophosphites seems peculiarly suited for this purpose.

Persistent Headache Due to Nasal Catarrh.

Nasal catarrh, both acute and chronic, frequently serves as the cause of headache. The pain is generally one of persistent type and classed as congestive. Examination in these cases may show suppuration of accessory sinuses with marked nasal obstruction due to small spurs, deviated septum and general hypertrophy. As a rue these obstructions are of little import if the engorged membrane can be readily depleted and the local circulatory system restored. This can readily be accomplished by instructing the patient in the use of Glyco-Thymoline in a 25 per cent. solution (warm) by means of the K. & O. Nasal Douche. The solution should be applied at least twice daily until the nasal membrane is found to be perfectly normal. This measure will give prompt relief from the congestive pain and maintain the nasal membrane in a healthy condition.

A Modification of the Virulence of Syphilitic Lesions.

"I prescribe your Succus Alterans and have for a number of years. I cannot express too approvingly my

Digitized by Google

MEDICAL SENTINEL

NOVEMBER
1906

Volume XIV **Number 11**

Notes

The authorities at Baker City are getting after one "Dr." Fuller, who is alleged to have been practicing medicine there without a license.

The Homeopaths are talking of erecting a hospital in Portland. It is claimed that property has already been purchased on which to carry out tne proposed plans.

The State Society meeting at Idaho passed resolutions complimenting Senator Hepburn on his efforts to secure the passage of a pure food bill in the national congress.

The typhoid fever epidemic at Spokane seems to have subsided somewhat, and the health authorities are now going after the water supply and other sanitary arrangements, so as to prevent the spread of typhoid in the future.

The Lincoln County (Wash.) Medical Society held a very successful meeting on the 3rd of October at Harrington. Out of twenty-six physicians in the county, twenty-three are members. The society meets every two months. The next meeting will be at Wilbur.

The situation is so serious in British Columbia, that a leper station has been established on Darcy Island, where these unfortunates are separated from the rest of the world. As a result, the newspapers of the Dominion are frequently discussing the question of the liability of contagion.

The report is published that the Bellingham physicians are getting together and are about to construct a building suitable for their offices, a

Digitized by Google

drug store, and operating room, open to any physician interested. Such a building is needed, and it will be of great advantage to the profession if built.

The Oregon State Board of Health has passed a resolution requiring physicians to report all cases of tuberculosis that they have come under their notice. A rule already exists of this character, but it has not been observed. The City Librarian asked the State Board for a list of such patients, and could not procure it.

The newspapers report the formation in Washington of a new organization of physicians, called The Washington Physicians' Association. All doctors in good standing are said to be eligible to membership. One wonders what relationship this organization will bear to the State Medical Society, which is supposed to cover the ground pretty well. The State Society can touch all fields in which physicians are interested except general politics and religion.

The Whitman County (Wash.) Medical Association held a successful meeting at Oakesdale on the 9th of October. Dr. J. Miller, of Oakesdale, delivered an address on Pneumonia; Dr. Skaife, of Colfax, spoke on Typhoid, and Dr. Johnson, of Colfax, spoke on Valvular Diseases of the Heart. New officers were elected as follows: President, Dr. L. J. Coberly, of Garfield; Vice-President, Chas. S. Bumgarner, of Thornton. The next meeting will be held at Colfax in January.

At Klamath Falls, as there were several cases of typhoid fever, the Mayor requested Dr. Yenney, as Secretary of the State Board of Health, to visit the town, and make suggestions as to what was best for the city authorities to do. Dr. Yenney went to Klamath Falls, made an inspection of the conditions, and gave the city council a good, sensible talk, embodying much excellent advice. The Mayor and council stated that they would carry out his suggestions without delay.

The Lane County Medical Society has decided to have rooms for its exclusive use at Eugene—a fact which points in the direction of a lively interest in medical society affairs in that county. Regular meetings are

Digitized by Google

held every Saturday evening, a telephone has been installed, and every Saturday the newspaper informs the public where the doctors can be found. The example set by the Lane County Physicians could be followed with profit by other societies which are much larger.

Dr. C. W. Cornelius, who is living on his ranch of 420 acres near the confluence of the Columbia and Willamette rivers, says he is a dyed-in-the-wool suburbanite, and he could not be dragged back to town under any circumstances. The reporters for the daily papers have been visiting him, and they tell of the cornstalks fifteen feet high that he is growing, and of his lucious apples and enormous cabbages and potatoes, and even his fellow physicians are inclined to envy the doctor the fun he is having in getting back to nature.

The quarterly meeting of the Skagit (Wash.) County Medical Association was held on September 28th at Anacortes. Papers were read as follows: Dr. Van Kirk, of Bellingham, read one treating of "Adenoid Tissue;" Dr. Willis, of Seattle, on "Surgery in the Treatment of Tuberculosis in the Glands of the Neck;" Dr. Cox, of Everett, told about "My Experience with Electricity," while Dr. Durand, of the same city talked about "Abdominal Pain." Dr. Peterkin read the final paper on the "Irrigation Treatment of Diseases of the Sexual Organs." The next meeting will be held at Mt. Vernon in December.

Mrs. Eddy's Health.—The question as to whether or not Mrs. Eddy, of Concord, Mass., is on her deathbed; whether every day a substitute is sent out carriage riding, who is dressed up to impersonate the head of the Christian Science Church, is more than a local question. Concord is interested; so is Boston; so is Portland, Me., and so is Portland, Oregon. A recent newspaper story conveying the alleged news as indicated above, set the telegraph wires at work from all corners of the land, for the Christian Scientists all over the country are desirous that Mrs. Eddy shall live forever. They feel that a fundamental part of their doctrine is attacked when it is insinuated that Mrs. Eddy is not as well as ever she was, and feeling as young as she did fifty years ago. It is remarkable that the newspapers should have stirred this matter up at this season, when they can find so much to fill their columns concerning politics, and San Francisco graft, etc. But an enterprising reporter is responsible, and Christian Science gets its share of advertising.

Digitized by Google

Editorial Notes

Easy Marks.—Are physicians and clergymen easy marks? Some people claim they are. Religious papers derive a large part of their income from quack medicines which are too often endorsed by ministers of the gospel, and the physician's mail is loaded with get-rich-quick schemes into which he is urged to invest his surplus cash. There is every evidence that some ministers are all too ready to grasp at straws that are held out by designing quacks to catch the unwary. Preachers are tutored in a realm of faith, instead of one of science. If a charlatan claims that he laid his hypocritic hands on a case of locomotor ataxia and commanded the victim to walk with firm step as of yore, and the patient obeyed, why not have faith in a higher power, working through the charlatan? Many a testimonial to aid the worst of villains has been given under such circumstances, and published to the world with the worst of effects. The physician who lacks faith in empiricism; who in his practice is watching for rational cause and effect, has small sympathy with the man whose head is too far in the clouds to make proper investigations before lending his aid to those who are preying upon the ignorant, by promising to cure nearly all one's ailments with an embrocation, or laying on of hands, or a shifting around of the bones and the muscles.

The careful business man, who is sure of his ground in his business, as the competent physician is in his profession, is chagrined at the doctor, in turn, who is often too ready to respond to the quacks of the financial world. When we see stock companies being advertised to the doctors by which they are to get rich in a hurry, one wonders how many members of the profession are caught. Probably they number more than the ministers do, who contribute their names to the cause of quackery.

The Country Editor and the Physician.—There is a good deal of human nature in the editors of the weekly newspapers scattered throughout the land. They think a great deal more of a man from whom they get a dollar occasionally, than they do if his purse strings are tightly closed to them. They are, on occasion, inclined to think a little more highly of the "doctor" of no principles whatever who advertises lavishly his "institute," where he cures everything or no pay, than of the reputable physician whose ethics prevent him from advertising, even to the extent of a small card in his weekly paper. In the country districts, especially of the new Western states, it is a question if conditions are not such as to warrant the publication of a standing card of the local physician, who is not known to new comers unless he takes some such steps to make himself known. The question is raised seriously if all the doctors in the many Western towns of a few hundred population, would not do well to publish their cards in the local papers, partly to give the readers in the country an opportunity to know to whom they can go in cases of sickness, and partly for the purpose of getting on the good side of the editor whose energies and sympathy it is often desired to enlist in the work of prevention of conditions which promote disease in the community. Wherever the honest doctor is found, he will be in the forefront of those who are working in the interest of the public health. The local editor will often feel more kindly towards such a movement if he knows the physician as a patron. Perhaps

Digitized by Google

it may be said that this view of the matter necessarily places the country editor on a low pedestal. There are country editors and again editors, and experience teaches that many of them do not have the easiest time in the world to make ends meet. All of them fail to see how the ethics of the profession devoted to the healing art can be badly warped by the publication in the country paper of a card setting forth in modest terms the business and location of the doctor who is ready to administer to the physical ailments of the community.

The Treatment of Tuberculosis in the Pacific Northwest.—Our neighbors in the State of Washington have formed a society called The Washington Association for the Prevention and Relief of Tuberculosis, and one object of the Association is to convince the public that the Pacific Northwest is a good place in which to recover from the disease. The idea is very prevalent among the public that the sufferer from tuberculosis of the lungs must, if he would be cured, go to some such climate as that of the mountains of Colorado, or to Arizona or New Mexico, where the driest sort of atmosphere prevails. A great deal has been written on this subject of late by eminent specialists, who insist that recovery from tuberculosis is not a matter of climate so much as of treatment. Of course it is not contended that outdoor treatment is practicable in the most rigorous climates, where the thermometer goes below zero and stays there for a good part of the winter; but the current idea that dampness is a disadvantage, is strongly combatted. The new society has for its President, Dr. C. A. Smith, of Seattle; Secretary, Dr. W. M. R. Kellogg, of Seattle, and Treasurer, Mr. George S. Brooke, of Spokane. Following is a list of the directors of the Association, a list that bespeaks earnest and effective work in the future: Drs. C. A. Smith, C. W. Sharples, R. M. Stith, E. E. Heg, W. A. Shannon, W. R. M. Kellogg, Senator S. H. Piles, ex-Gov. J. H. McGraw, Judge R. A. Ballinger, John Schram, of Seattle; Dr. James R. Yocum, G. S. Hicks, C. Quevil, Judge W. H. Snell, Mr. Louis W. Pratt, of Tacoma; Drs. P. D. McCornack, G. T. Doolittle, G. W. Libby, J. Sutherland, Rev. Alfred Lockwood, Mr. J. A. Tormie, of Spokane; Drs. S. B. Nelson. of Pullman; H. W. Howard, of Prosser; C. N. Suttner, of Walla Walla; W. D. Kirkpatrick, Mr. J. J. Donovan, of Bellingham; Drs. W. S. Durand, of Everett; F. H. Luce, of Davenport; Wilson Johnston, of Colfax; C. J. Lynch, of North Yakima.

The Nourse Contempt of Court Proceedings.—In reading over the report of the Idaho meeting, published in this issue of the Medical Sentinel, and recalling the occurrence of last year, wherein Dr. Nourse was fined for contempt of court, there is one regrettable fact. It is that the touchy judge did not get after the Medical Sentinel, which committed the grave offense of publishing the paper of Dr. Nourse that offended. We should have welcomed such a prosecution, for then there would have been an opportunity before an unprejudiced tribunal in a state, other than Idaho, to have had settled the matter of free speech. It would then have been demonstrated whether or not we are living in a nation where it is lese majeste to offer the slightest criticism of members of the judiciary. It is not at all creditable to the supreme court of Idaho that it decided, practically, that under no circumstances can it review the action of a member of the lower court, who fines a citizen for contempt of court. In few places but Idaho and Russia does such a rule prevail.

Digitized by Google

THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

A. M. A. FOR SEATTLE IN 1909.

Seattle should begin to bestir itself, to secure the meeting of the American Medical Association for the year 1909. It is a most reasonable proposition—reasonable alike for Seattle and for the physicians who make up the body of the Association. The experience of the year 1905 was a most pleasant and profitable one for the Pacific coast and for the visiting doctors. What Portland did, Seattle can most assuredly do. Here is an opportunity for the world-famed Seattle spirit to get to work. While it is true that Seattle has a way of doing some things in a hurry, yet this matter of securing the 1909 meeting of the A. M. A. should be worked side by side with the Exposition that comes the same year. The initiative must be taken by the Seattle doctors, aided, of course, as far as possible, by other enterprising citizens. The next meeting of the A. M. A. should be attended by a strong contingent of doctors from Seattle and other Washington cities, as an advance guard, whose business it will be to make friends with the delegates from other states, and to pave the way for the actual work of persuasion to be done in 1908.

There are many reasons that will occur to one, why the Association should meet in Seattle in 1909. By reason of the cheap railroad rates given to the Association, and the extra facilities for travel furnished by the railroads, thousands of doctors are given an opportunity of seeing the great West, that would not be otherwise presented to them. Many a hardworking eastern physician who should take such a journey as this, will not do it unless there is some special occasion, such as is offered by a meeting of his national association, to serve as a magnet. It does him a world of good to take such a journey. It gives him a period and character of recreation such as he cannot obtain in any other way. It furnishes him enlightenment concerning his country that is invaluable to him, outside of his professional work. Ask every doctor who visited Portland for the first time last year, how much money he would take to efface from his mind the trip, and what will be his answer? It is not well that nearly all the meetings

Digitized by Google

of the Association should be held east of the Mississippi river. The Pacific coast, with its mountains and rivers—its enterprising citizens, and its free life—these are attractions that appeal to the doctors as men, which should not be ignored.

Of all the c ities on the Pacific coast available for the meeting in 1909, Seattle is pre-eminent. It is the largest city in our sister state; has the most ample hotel accommodations. The fact that a great exposition will be held the same year, is an extra inducement for the Association to come, as was shown by the experience of Portland in 1905. There will be an abundance of accommodation for all the visitors, for Seattle will be in the business of caring for the visiting public, and a few thousand more or less will not embarrass our neighbors in the least. They will be in the entertaining business, as Portland was last year, and there were no complaints heard in this city as to the kind of entertainment that was given to our medical visitors.

The good people of Seattle will not be slow in appreciating the advantages that will accrue to them and to their state, from having the meeting of the American Medical Association in their city in 1909. There is no national society composed of more intelligent or more observing men than the American Medical Association. Its members will see the land, and when asked by their friends and patients what it is like, the report will be one that will benefit this region. Seattle doctors can rest assured of one thing—the doctors of Oregon will be heart and soul with them in an effort to secure the meeting. There is much work to be done to convince the management of the Association that 1909 is the proper time to again visit the Pacific coast. There is a conservatism in the profession which needs to be argued with, before it can be persuaded to cross the Mississippi and Missouri rivers. But it can be done, and the Medical Sentinel promises on behalf of the physicians of Oregon, that they will work as hard for Seattle as if Portland were a candidate again for convention honors.

* * * * * * *

It may be expected that the doctors of Seattle, and the entire Puget Sound country, will take up this matter in earnest, and put forth their best efforts to secure the meeting. While it is natural that the residents of Seattle will be the most prominent in putting forth such efforts, yet the entire Puget Sound country should be equally interested. It is an honor to the local profession to have the most prominent physicians and surgeons of the country meet them in a body. The doctors of Washington are interested as are other citizens, in having the truth understood by eastern people as to what the Pacific coast is like, as to climate, resources, productiveness, and capability for supporting a large population. There is no better advertisement, looking at the subject from the practical side, than to have the American Medical Association visit this coast. The railroads, also, should be greatly interested in the matter, and should be urged to lend what helping hand they can to bring about this desirable meeting. If it were coming next year the railroads might say that they were short of equipment to care for their ordinary business; but in 1909 they will

Digitized by Google

be better supplied; much of the present single track will be changed to double track, and the railroads will be quite ready to take advantage of the increased migration to the Pacific coast that such a gathering can always be expected to promote.

It is gratifying to know that there is a harmony among the leaders of the profession throughout Washington, which augurs well for the success of the movement, if it be taken hold of with the vim characteristic of our sister state. The people of Portland remember with pleasure the good feeling that prevailed all over the Pacific coast last year, when this city was putting forth her best efforts to make a success of the various enterprises that our citizens had engaged in by way of entertaining visitors from the east. As a matter of reciprocity if nothing else, all hands in this state will be willing to aid, as far as is within their power, in seconding the efforts of the people of Seattle, and the doctors of that city, to secure for themselves a great meeting of doctors, and make it a grand success. The A. M. A. is rapidly growing, and we may reasonably expect that if Seattle engages in the suggested task, she will be able to secure an attendance at least fifty per cent greater than came to Portland.

REFILLING PRESCRIPTIONS.

How is the druggist to be prevented from refilling a prescription? Thousands of physicians are ready to ask this question, but few are able to give an answer. The druggist is in business, not as a public benefactor, nor because he is more interested in promoting the health of the public than other people. He desires to make a living. He has his customers among the members of the community. The physicians are not his patrons to any great extent. Their friendship he desires to retain, of course, as they are able to influence business in his direction, or against him. But he has other customers, and if one of these comes in and asks to have refilled prescription number so and so, which was filled a week before, with what business grace can he say nay? Let him try it, and what will be the result? He is very likely to lose a good customer who purchases daily many of the thousand and one things that he has for sale, aside from his prescription goods. It is easy for the physician to notify the druggist, verbally, or by printing it on the prescription, that the prescription must not be refilled, but this injunction is not one that will always be obeyed. We must look to some other means of preventing the evil complained of. The general public may not regard it as an evil. They may think that the reason the physician does not desire to have prescriptions refilled is because he wants a chance to get another fee for a further examination, and for writing another prescription.

One suggestion is made that there should be printed upon the label something of this sort: "This prescription is intended to have a definite effect, and should be used for the time indicated by, and under the observation of, your physician. It will not be refilled without his order." But if the patient, notwithstanding such a legend,

Digitized by Google

comes in and tells the druggist that the medicine had such a fine effect, and is just what he wants to make a new man of him, what will the druggist say? In nine cases out of ten, he will fill the prescription, especially if he knows that the ingredients are not of a decidedly harmful nature.

Suppose a plan is adopted of the druggist failing to put the number of the prescription upon his labels? Then he would find it really difficult to refill many prescriptions, and he could without being gainsaid, insist that he could not refill because he did not know what the prescription was. We all know the reasons, and those good ones, for numbering prescriptions; but it is worth considering whether omission of numbers would not help to cure a real evil.

WHY NOT STUDY ST PAUL?

We have all read and enjoyed the story of Saul of Tarsus—how he saw a bright light, was blinded, fell to the ground, and reformed. The path he had followed heretofore, hauling men and women to prison because they ceased to worship their old gods, he forsook. He went forth to preach his new gospel, and to turn Jews and Gentiles from what he considered the error of their ways. We have not much of a record of what his speeches were like. We have his epistles to his disciples, and we note that they breathe forth charity and love to all, with but few recriminations against those who still follow the strange gods that he followed in years gone by. A good many medical editors in this country view at a distance the modern Saul of Tarsus, the editor of the A. M. A. Journal, who has seen a great light. A short time ago he opened the advertising columns of his journal to many preparations which he now regards as belonging in the list of patent medicines. He has changed his point of view. Without questioning for a moment the force of some of his criticisms, and without saying a word as to the wisdom of the course being taken by him in condemning certain proprietaries, we desire to comment on the difference between his course and that of Saul of Tarsus after he had seen the great light that changed his course in life. There is an acrimony in the A. M. A. Journal fight, and in the fight being waged by its satellite, Dr. Paul Jones of California, which may be sought for in vain in the writings of the great apostle of the Gentiles. Why would it not be a good thing for our brother editors located in Chicago and San Francisco, to study the character of St. Paul and endeavor to profit thereby?

STUDYING GREEK AND LATIN.

It is not so many years ago that some people were inclined to speak somewhat approvingly of the condition of the medical student

Digitized by Google

who knew "little Latin and less Greek." A class of writers arose who spoke glibly about mathematics, and the education of travel, and urged that for the student to delve deeply into the classic languages was a waste of time. He had better, said they, get his education in the highways and hedges—in the practical world—and let the dead and musty tongues alone for dry-as-dust scholars who had nothing better to do than to study them. They were classed with the stones of archaeology—good enough for some people to study, but not good enough for the earnest medical student, who desired to get as quickly as possible into the arena where he could minister to the needs of the suffering. There are signs that the reaction has set in, and that the languages will once more have a place in the curriculum of the medical student. It is a serious question if the student who would balk at the classical languages is fitted by nature to take up the profession of medicine. Those who desire to find a way to relieve the pressure caused by a too great influx of young doctors, see in the demand for better grounding in the languages, a means of weeding out the less fit, and an alleviation of the trouble of too many medical students. They believe that the day is to be earnestly looked for when the schools will demand greater preparatory fitness, which will include a closer acquaintance with the dead languages.

PAY TOO SMALL.

Is the country physician paid enough? Of course he is not. Nor is the country school teacher nor the college professor, nor the general run of members of any learned profession. Brains rule the world, and direct labor, but they are not sufficiently rewarded. One reason is because it is not the fashion for the workers in the learned professions to form trades unions, and by means thereof, accompanied by walking delegates, to insist upon a certain scale of compensation or a reduction in working hours. We have had illustrations in plenty in San Francisco of the way the doctors are rewarded. Hod carriers, plumbers' helpers, to say nothing of the bricklayers and the working plumbers themselves, are esteemed more highly than the physicians, who each spent thousands of dollars fitting themselves for practice. This is galling in the extreme. The country physician never is paid enough, and probably never will be. If he makes money, it is in some side issue. He will never make more than a living at his profession, partly because the public are not educated up to a proper appreciation of his deserts. There is no road that we know of, royal or otherwise, to fair treatment for the country doctor; but when any writer asks the question which begins this article, it is safe to give a quick and decided negative answer.

Digitized by Google

THE SANATORIUM AND ITS IMPORTANCE IN THE TREATMENT OF TUBERCULOSIS.

By E. A. PIERCE, M. D.

Read before the Oregon State Medical Society, May. 1906

Public life is the foundation on which reposes the happiness of the people and the power of the country. Consumption kills men and women in their prime. Its victims are mostly of the active working stage. They die during the period of their greatest usefulness to the State. Consumption is the cause of one in every four deaths which take place between the ages of 20 and 50 years in the State of Illinois. Hypocrates, the father of medicine, who lived 460 to 377 B. C., said: "If the consumptive patient is treated from the beginning, he will get well."

The history of the development of the Sanatorium in the treatment of tuberculosis is really the history of the modern movement which has for its basis the cure or prevention of the disease. The cardinal principals of this treatment are life in the open, nutritious and bountiful diet, regulation of exercise, with absolute rest in the febrile stage, and attention to the general symptoms that may arise in the course of the disease.

This method of treating tuberculosis is by no means new, although only within the last few years has the movement gained the confidence of the profession. George Boddington, an English physician, stated in an essay published in 1839, that with nutritious food, fresh air and constant supervision, he believed that good results could be obtained in the management of the disease. In 1859, Herman Brehmer, a German physician, established a Sanatorium at Goebersdorf, an institution which is still in existence, and one of the largest of its kind in the world. Theodore Doitweiler, who joined in the work, made the first modification of the treatment. He insisted upon rest, especially in the presence of signs of the disease's activity. Since that time, small institutions gradually multiplied in Germany, many Sanatoria being established by the various municipalities, it being claimed by the Germans that it is cheaper to cure the tuberculous individual in the early stages of the trouble, than it is to care for him in the advanced stages of a hopeless and lingering illness. The German insurance companies have adopted the same plan.

The first Sanatorium was established in America by Edward L. Trudeau, Saranac Lake, New York, who is the pioneer of the Sanatoria movement in this country. The foundation of the Adirondack Cottage Sanatorium was laid in 1884. The movement was started

Digitized by Google

in a very small way, but has grown to enormous proportions, and more than two thousand patients have been treated, many having been restored to health. This has served as a wonderful object lesson to the profession, and within the past ten years the number of such institutions has increased rapidly, there being nearly eighty Sanatoria in the various parts of the country.

Dr. Bowditch, of Boston, demonstrated conclusively that tuberculosis could be successfully treated even under ordinary climatic conditions. In 1891 he established at Sharon, near Boston, a Sanatorium for the treatment of the early cases of tuberculosis in poor working women. This demonstration was of inestimable value, as it at once put the possibility of cure within the reach of the poor. Massachusetts and New York have each established State Sanatoria. Several of the municipalities in Pennsylvania have opened Sanatoria for the cure of their own people. At White Haven, a Sanatorium is designed only for the earliest stages; those in whom the disease has made little headway, and in whom the possibility of the cure or arrest of the disease is good.

While it is now generally admitted that cases of tuberculosis may get well anywhere with proper care and attention, it is also admitted that a larger per centage of cases can be restored to health in a Sanatorium where they have not only the influence of precept, but also the influence of practice as exemplified by patients who have already been at the Sanatorium for some time. The patient is removed from the cares and worries of home, he is placed in an environment where the air is pure, where he lives absolutely in the open, where in his febrile stage he gets the benefit of the rest that is so often needed to slow the pulse, where the most wholesome food is administered at regular intervals, where the hours of rest and recreation are prescribed as his own individual case requires, and where he is carefully instructed as to the care of his sputum. During his stay, he is under the constant medical supervision of those who are making a study of that subject. This system, from an educational standpoint alone, will make him capable of caring for himself in the future, without endangering the lives of those with whom he may come in contact. Any patient who has once been thoroughly taught the principles of the Sanatoria treatment will be a benefit to the community in which he may live in the future, because he will be able to teach people the great necessity of caring for their sputum, and will thus be a factor in arresting the spread of this dread disease.

What Patients Are Not Suitable for Admission to a State Sanatorium for Tuberculosis.

I quote from a reprint of Herbert C. Clapp, A. M., M. D., of Boston, Massachusetts, Visiting Physician to the Massachusetts State Sanatorium at Rutland, Massachusetts.

No bed-ridden patient should be accepted, nor even those who are confined to their rooms. If an applicant is not strong enough to ride some distance to the examining office, it is cause enough for rejection, for a time at least. Patients should be able to be up and about and

Digitized by Google

to go to their meals in the dining room. If while at the Sanatorium they get sick, they are put to bed and properly cared for. No person ought to be deliberately received from the outside as a bed patient. No case of acute tuberculosis should be admitted, nor any case in which there is a high fever or even a temperature which, after rest in bed with open windows for a week or two, does not come down to perhaps one hundred or so in the afternoon. No case of tuberculous laryngeal complication, unless troubles in the larynx as well as in the lungs, is small. If the rules are very strict, all with the tuberculous laryngeal complication should be excluded. In a great many really good cases of pulmonary tuberculosis, the subjects have a slight catarrhal hoarseness or roughness of the voice, but no patient with more hoarseness than this should be admitted without a laryngoscopic examination. No complication of chronic diarrhoea, glycosuria, Bright's disease, melancholia, tuberculous disease of the kidney, pharynx, peritoneum, bones or joints, should be allowed. The last two are appropriate for a children's seaside Sanatorium, but not for one for lung diseases. Not to be desired are cases of tubercle deposit widely extended through one or both lungs or through a large part of the lobe (especially with the coarse bubbling rales of breaking down lung tissue). No case with clinical signs of cavity, no confirmed neurotics, no case of obstinate dyspepsia or mal-assimilation. A great many of our cases upon entrance have more or less digestive disturbances, but our experience has been that in almost all of the cases, after a few days or weeks their appetite and digestion are wonderfully improved, and in none but those of obstinate pathological involvement have we had any difficulty in removing the conditions. Our main reliance is based upon the digestive function and powers of assimilation of food by the patient. If we fail to establish normal digestive functions, we are helpless to relieve our patient. If the patient has decided dyspnea without exertion, marked insomnia, or rapid pulse even without fever, he should be regarded as inadmissible.

The serious symptoms and conditions as enumerated should always make us cautious about receiving such patients, even if the physical signs of disease in his chest are small and indefinite; and yet, because they are small and indefinite, they have induced physicians to send us as incipient cases, those which were really almost hopeless. Oftentimes the person with the small involvement of lung tissue, owing to the excessive virulence of the tubercle bacilli, or by the remarkable receptivity and fertility of the soil in the patient, induces a violent infection of the whole system, while in other persons, a large, solid mass, evidenced by bronchophony, and even flatness on percussion, may sometimes remain latent and almost innocuous for months, if not for years, in the upper part of the lung. Very decided complications of bronchitis, asthma and emphysema, constitute a class of cases which experience has amply demonstrated it is not wise to accept at a Sanatorium located in a cold climate. They cannot bear such exposures as are necessary for almost all tuberculous patients. They should, if possible, seek a warmer climate.

Digitized by Google

AFEBRILE CASES ARE THE MOST ACCEPTABLE.

Other things being equal, the smaller the size of the tuberculous deposit, the more favorable the case. If one apex, better than both. One case may progress as far in two or three months as another in several years, yet both may be called incipient, and the term "incipient" is often used loosely.

Character in influencing recovery is greatly underestimated. A man with a strong will, able to control his passions and to regulate his habits carefully, and to obediently live the proper life required at a Sanatorium, will without watching, stand a much better chance of recovery, especially if he has a sunny and cheerful disposition and good digestion, than a man with tendencies to dissipation or one who is weak and vacillating, with all the care and watchfulness that modern system could place about him. After he is discharged, will not his dissolute tendencies be liable to precipitate a return of the disease? A patient with moral stamina to aid him in exemplifying in his after life, the teachings which were given him at the Sanatorium, will be of much value in the campaign that is being fought to suppress this disease.

Each patient requires individual attention. The patient with the rapid pulse, with the undersized heart and cynotic appearance upon exercise, and persistent rise of temperature, requires as perfect quiet as possible, and a low altitude. It would be a serious mistake to expose this patient to the extremes of temperature, or to a high altitude, or to allow him to take exercise without due watchfulness. He should be confined to his bed until his pulse and temperature approach normal. His exercise should be regulated so as to prevent the return of fever or increase of pulse rate. I believe rest to be of the utmost importance in all of the febrile conditions.

If tubercule bacilli are found in sputum, otherwise, however strong, the patient should at once go to a Sanatorium for treatment. If the signs of incipient tuberculosis are present, viz: persistent rapid pulse, increased vocal fromitis and vocal resonance over an apex, or prol ngation of expiratory murmur with or without cough, expectoration or fever, and even in the absence of tubercle bacilli as revealed by the microscope, such patients should be closely watched, and all of the precautions taken to increase his resistive power, and he should be treated as an incipient case until relieved of all suspicious symptoms.

Too much attention cannot well be paid to the taking of history. In a large percentage of my examinations, I have found that patients have either lived with or spent some time with someone who was suffering with tuberculosis.

Quoting from Major Chas. A. Woodruff, A. M., M. D., Surgeon United States Army:

"The fact that the tubercle bacilli is very easily killed by short rays, and that these rays can in concentration be made to pass entirely through our bodies explains, in part, at least, the wonderful efficacy of open air treatment of tuberculosis of the lungs in climates where there are many cloudless days. Nevertheless, too much light and other causes of exhaustion may actually defeat the cure. In spite of

Digitized by Google

the excessive light of the Philippines and the outdoor life, tuberculosis there is frightfully prevalent among both natives and Americans. In the latter, it is a very rapid and fatal disease, requiring immediate removal home. They seem to have lost all resistence from the damage done by the climate, so that the bacillus has no check. There is some evidence that tuberculosis is an expression of nitrogen starvation, for we find it very prevalent among those who have not had enough of this class of food, and the method of cure in the modern Sanatoria includes a diet of an enormous amount of nitrogenous food, milk, meats, and particularly eggs. The awful prevalence of this disease in the tropics can be explained in part, for both the natives and the white visitor neglect this class of food, and lean to rice and starchy foods, the light becoming excessive and harmful, and exhaustive rather than curative, because the bacillus, though damaged by the light, is not disposed of by the tissues as in the cases at home. In other words, these rapidly fatal tuberculous cases seem to indicate that the tissues are to be depended upon for the destruction of bacteria, and if they are too much injured, they cannot effect the cure."

Sir James Crichton Browne, in his address to the Manchester Sanatorium Association, speaks of the tonic effect of light and how necessary it seems to have that stimulant, but he omits to mention the destructive effect of too much stimulant.

In the Northwestern corner of the Pacific Coast, the people are so extremely comfortable in the rains that prevail in the Winter and Spring, that it is quite common to hear expressions of great admiration for the climate. They do not know why it is, but there is no doubt that it is due to the relief from the painful glare of the sun found in other parts of the United States. People who have made extended visits on business not infrequently come back for permanent residence.

It is a curious commentary on our ignorance of climatology that the people of Tacoma, Seattle, Portland, and all through this region, attribute their excellent health and small sick rate and low death rate to all sorts of causes except the right one, protection from the sunshine. They claim that the only drawbacks to the magnificent climate are the rains and numerous cloudy days. If they could have all the sunshine they wanted, they would be as badly off as the people of the Eastern states.

Less Mortality in Cloudy Regions.

The mortality statistics of public health and hospital surveys unfortunately are not given for the same places as the sunshine statistics of the Weather Bureau. Nevertheless the mortality statistics so far collected show the greatest mortality in the southeastern part of the United States, averaging about twenty per thousand, including large and small cities. The mortality gradually diminishes as we go North, averaging about eighteen or nineteen in the Middle States, sixteen or seventeen in New England, fourteen or fifteen south of the Lakes, twelve or thirteen in the Eastern plains, and nearly the lowest in the northwestern corner, Oregon and Washington. Thus, generally speak-

Digitized by Google

ing, the death rate decreases from Florida to the Island of Vancouver. It is not strange, then, to see the healthiest record in the rainiest places with the least sunshine. Seattle had only 8.12 deaths per thousand with forty-four per cent. of sunshine.

There are so many elements which form the mortality of the state that it is practically impossible to say how much is due to the presence or lack of sunshine, but the one thing we are certain of is this, that a large amount of sunshine is not necessary in order that a place may be healthy, and that Tacoma, Seattle and Portland have as low rates or lower than any city of their size in the United States, or perhaps in the world, in spite of many cloudy days. This is rather emphasized by the other remarkable fact that in the arid regions where there is a very great amount of sunshine, Nevada, Wyoming, Colorado, Idaho, California, Valley cities, and Oklahoma, there are much greater mortality rates than in the Northwest, or farther East. In the Adirondacks the number of clear days is small, the number of cloudy days is excessive, and the number of partly cloudy days is below the average.

A report from thirty-three hospitals in the United States and Canada, shows that during the year of 1905, 7,033 cases have been treated. Of this number, 562 were admitted as incipient, 1,228 as moderately advanced, 1,787 advanced, unclassified, taking in all stages, 3,456.

In the Nordrach Ranch Sanatorium, Colorado Springs, 90 per cent. of incipient cases apparently recovered, and 40 per cent. of second stage cases.

In the Loomis Sanatorium, New York, the majority cured or arrested, as per report.

Stony Wold, Kushuqua Lake, New York, 51 patients treated during the year. Incipient cases, 21; moderately advanced, 19; advanced, 5. Results: Apparently recovered, 4; arrested, 6; improved, 20; unimproved, 15.

Muskoka, Gravenhurst, Ontario, Canada, 218 patients admitted. Incipient, 17 per cent.; moderately advanced, 49 per cent.; advanced, 34 per cent. Results: Apparently recovered, 12 per cent.; arrested, 12 per cent.; improved, 54 per cent.; unimproved, 22 per cent.

Sharon Sanatorium, Sharon, Massachusetts, 41 admitted. Twenty-five incipient cases; 16 advanced cases. Results: Arrested, 23; improved, 14; unimproved, 4.

Minneapolis City Hospital, Minneapolis, Minnesota, 58 cases in advanced stages were treated. Sixty per cent. died.

Open Air Health Camp, Indio, Colorado, 90 patients admitted. Apparently recovered, 33 1-3 per cent.; improved, 33 1-3 per cent.; died, 33 1-3 per cent.

Brockton, Massachusetts, 50 cases reported, all stages; 99 per cent. of incipient cases apparently recovered; 40 per cent. second stage cases arrested.

West Mountain Sanatorium, Scranton, Pennsylvania, 65 cases treated, all stages. Nine apparently recovered.

Pine Ridge Camp, Rhode Island, 94 cases treated, all in advanced stage; generally improved; average stay, five months.

Digitized by Google

Indianapolis State Insane Hospital; 100 advanced stages treated; results poor.

Montfiore Home, Westminster, New York; 373 cases admitted, 229 incipient; 117 moderately advanced; 13 advanced; apparently recovered, 38; arrested, 24; much improved, 82; improved, 32.

State Insane Hospital, Jacksonville, Mississippi; 125 cases treated, all stages. Results discouraging; mostly colored.

South Mountain Camp, Mt. Alto, Pennsylvania. Number treated, 72; reported on, 37. Incipient cases admitted, 72; apparently recovered, 14; much improved, 14; improved, 8; died, 1. It will be seen that this institution received only incipient cases.

Pasadena, California. Number of cases treated last year, 36. Three first stage, 17 second stage, 15 third stage. Of the first stage cases, 3 were cured. Of the 17 second stage cases, 7 were cured, 4 arrested, 2 improved, and 4 died. Of the 15 third stage cases, 1 was cured, 3 arrested, 5 improved, 3 not improved, and 4 died.

New York State Hospital for Incipient Tuberculosis. Number of patients treated during the year, 293. Number to be reported on, 165. Incipient cases, 87; moderately advanced, 65; advanced, 13. Results: Apparently recovered, 72; arrested, 84; improved, 21; unimproved, 8. No serum therapy was used.

Report of Portland Open Air Sanatorium. Number of patients treated from January 8, 1905, to November, 1905, 117; results as reported being satisfactory in early cases. Patients treated from November 1, 1905, to May 1, 1906, 64; number to be reported on, 42.

	No. of cases.....	*Apparently cured.*	*Arrested.....*	*Improved.....*	*Unimproved.....*	*Died.....*
Class I—Incipient	9	2	5	1	1	...
Class II—Moderately advanced	16	2	6	5	3	...
Class III—Far advanced	15	..	..	5	8	2
Class IV—Acute miliary	1	..	..	..	1	...
Class V—Non-Tubercular	1	..	..	..	1	...
Totals	42	4	11	11	14	2

Number having tubercle bacilli in sputum..... 55
Number having no tubercle bacilli in sputum..... 9

Total 64

The Germans fear the east wind which blows across the arid region,

Digitized by Google

having surrendered its moisture, and is piercing and irritating and often dust-laden. Our climate enabling patients to live in tents all the year, with low altitude, affording a rest to the irritable heart, with enough of humidity to prevent circulation of dust, and with our equable climate, thus seems to have strong claims in the treatment of tuberculosis.

If the lives of its citizens are a country's most precious possessions, surely they are something worthy the best thought and careful attention.

In conclusion, I wish to state that in my opinion, first, tuberculosis is a preventable and curable disease; second, while communicable, if the patient uses care, he can prevent the infection of others; third, the chief cause of the large mortality is the lack of early diagnosis; fourth, late diagnosis is caused by indifference of patient to early symptoms, and carelessness on the part of the physician; fifth, climate is not the prime factor in successful treatment, as the patient should be treated in his own environment.

Another Phase of the Proprietary Question.

There is at least one phase of the proprietary question which we believe has not been seriously considered, and that is, that while every effort is being made by some of our earnest and really conscientious, though misguided, workers to destroy the faith of the profession in practically all remedies of this class, and to bring them into ridicule, practically nothing has been done to provide satisfactory substitutes for them, except to make the suggestion—an excellent one, too—that physicians should familiarize themselves with the official and semi-official preparations contained in the Pharmacopeia and National Formulary.

In making this suggestion they forget to add that a very large share of these "official" preparations are old proprietaries under other names. In other words, the great "reform" consists in the denunciation of such remedies as antiphlogistine, arsenauro, bromidia, lactopeptine, Fellows' hypophosphites, Antikamnia and Hayden's Viburnum Compound, while the use of practically the same things under other names is suggested or advised. In some instances the very formulas are used that proprietors have published or that analytical chemistry has elucidated.

There is a reason for the popularity of the proprietaries. Whether many of these were "wonderful discoveries" or not, they have enabled the average physician to secure results more satisfactory to himself and his patients than he was able to secure without them. Very, very few medical men are able to extemporize prescriptions which at the same time are effective, palatable and not uselessly polypharmacal. All doctors ought to be able to do this, but they are not—and whose fault is it? And even if they were, who but the sheerest crank would claim that he could properly write for, or the average druggist dispense, substitutes as elegant, as cheap and withal so satisfactory as many of the best type of the proprietaries? It is best to look all these facts squarely in the face and be sensible in our conclusions.—Clinical Medicine.

Digitized by Google

PRESIDENT'S ADDRESS, IDAHO.

By J. B. MORRIS, M. D.
Lewiston, Idaho

Read before the Idaho State Medical Society at Lewiston, October 4, 1906

Gentlemen of the State Medical Association of Idaho:

I desire to extend to you a most cordial welcome; first, in behalf of the resident physicians who have so cheerfully co-operated with me in the local arrangements to make this meeting both pleasant and profitable for you; second, in behalf of the Commercial Association and City Council, who stand ready to render you every courtesy possible while in our city; third, I am sure that I voice the general sentiment when I say that every citizen of Lewiston extends to each of you their heartiest greetings.

Co-operation, rather than combination, seems to be the motto of the medical fraternity; a new drug, a new surgical instrument, a new method of treatment is discovered or invented today and tomorrow the medical world, as well as the public at large, has the advantage of it; and I feel sure that you who have come here, from all parts of the state and other states, have come with as great a desire to bring something to this meeting as to take something from it.

The program as arranged provides for many papers and discussions of a professional character, so I have selected a subject of general interest: "The Co-operation of the Layman with the Physician."

The practice of medicine has passed through many stages beginning with the medicine man who possesed some knowledge of the medicinal properties of certain herbs, yet who depended most for success upon the shrewdness of himself and the ignorance and superstition of his patients. He was succeeded by the old grandmother who possessed good judgment, much experience and certain ability as a nurse; she, in turn, was succeeded by the pioneer physician who gained some of his knowledge from books, some from an old practitioner with whom he served an apprenticeship. Such a physician did not ask or receive any assistance from the layman in the practice of his profession, but happily for men and medicine we are today surrounded by conditions much more favorable for the practice of medicine.

The grandmother has been reinforced, if not replaced, by a trained nurse. The physician who fitted himself for his profession by practicing with another who knew little more than himself has either been replaced by those who are by natural ability, education and experience in hospitals well fitted for the work which is demanded of them., he practices with patients who possess sufficient knowledge to render much

Digitized by Google

helpful co-operation. This condition of affairs has been brought about in the following manner: The schools have done and are doing much. The child early in his educational career is made to feel the necessity of clean hands and face, clean clothes, clean desk and room. He is also taught to care for his teeth and his body, the proper methods of eating, the necessity for sleep, pure air, etc. Later he learns something of his body, the bones, the muscles, the skin, their function and care, and many other things which will aid him in the preservation of health. Yet everywhere he is made to feel that he should co-operate with and not supplant his physician, upon whom he learns more and more to depend. At no time in the history of the practice of medicine have patients had more confidence in the prescriptions of the physician or less fear of the surgeon's knife, and the results abundantly justify such confidence.

The Press.—Too much credit cannot be given the press for its exposure of the patent medicine fraud. The Idaho boy who read patent medicine advertisements until he imagined that he had every disease which flesh is heir to and went and killed himself is perhaps an exceptional case, but every physician knows that millons of dollars and thousands of lives could be saved annually if the masses of the people could be made to realize that most of the patent medicines are both worthless and harmful. If when people are ill they would go to their physician instead of experimenting to find a medicine that will ease them, they could often save their health and their money. So all honor to the press that will lend its columns to the exposure of quack remedies and fake doctors, instead of putting them and their wares before the public in a favorable light.

Legislation.—City councils do much in safeguarding the health of the city by requiring sanitary plumbing, healthful sewerage conditions, collection and destruction of garbage, quarantining those afflicted with contagious diseases, keeping the streets and alleys in a sanitary condition, and the appointment of health officers endowed with a crtain amount of discretionary authority for the enforcement of such requirements as are necssary for the safety of the health of the general public.

The city of Chicago has gone a step further and is waging a crusade against every individual and institution that has anything to do with medicine and is not doing a legitimate business. The prosecution of these people is being carried on under the immediate direction of the most eminent legal counsel.

State Legislation.—Most of the states have laws that make it practically impossible for one not qualified to practice medicine, and when granted this power to abuse the privilege. In no profession are the requirements greater or the standard of admission highr than in that of the practice of medicine.

In the last Report of the American Medical Association, the ideal standard for a physician is that he possess a literary education sufficient to enable him to enter the recognized universities, a five year medical course and sixth year to be spent in a hospital.

National Legislation.—What the city councils and state legislatures have done on a small scale the National government does on a large.

Digitized by Google

Formerly thousands of lives were annually lost in Cuba from various kinds of epidemics, but after the United States government got possession and forced them to clean up their cities and adopt methods to keep them clean, the island became so free from these epidemics as to declare a quarantine against the government that had brought about this condition of affairs. What was done in Cuba was to a certain extent repeated in the Philippine Islands. One more illustration will be sufficient to show how valuable and far-reaching is the work of the general government. Under the supervision of the Commissioner of Labor data is being collected as a basis of new laws for the protection of the lives of those engaged in certain occupations. The condition of the people in the various industries is to be investigated, as well as the diseases with which they are or may become afflicted. They will then be in possession of information that will enable them to guard against the contraction of the disease and be protected by laws that prohibit conditions that cause it.

But by far the most encouraging feature of this subject is the attitude of the layman himself towards the work. In war it is estimated that for every man killed in battle three die from other causes. At the beginning of the Russian-Japanese War, the Japanese Government demanded of the medical department that this loss be prevented or that the loss of men in the army be reduced to one-fourth of the ordinary number. The responsibility was accepted. The food which the soldier ate, the water which he drank, the clothes which he wore, the cot or blanket on which he slept and the tent, as well as the place where it was pitched, all had to be approved by the physician before tney could be used by the soldier, who was forced to obey as implicitly the orders of his physicians as those of his commander.

The result was an army of the healthiest men known in the history of warfare. It is not possible to protect the life of the civilian so well as that of the soldier, yet more and more confidence is being placed in the physician as the guardian of health. Last year when New Orleans was threatened with yellow fever it did not create any panic and cause thousands of people to flee from the city. They simply did as they were told, screened their houses and destroyed the breeding places of the mosquitoes; and when some one recently predicted that the great lakes along the Panama canal would become a breeding place for mosquitoes and hence be visited annually by fever, it was shown that such danger could be easily averted by stocking the lakes with fish that could destroy the mosquitoes.

A few years ago, when Heppner, Oregon, was visited by a cloudburst that dealt death and destruction to the town, the State Medical Association saw the danger of a second disaster greater than the first, in an epidemic of typhoid fever, and the people rallied to the support of the president of the association and quickly put the city in a condition to prevent such a calamity. The Medical Association of our sister state of Washington, which recently met in Spokane, took steps looking forward towards legislation giving to the state, through its Board of Health, the control of the water supply for the cities and towns of the state.

Digitized by Google

When supplying a city with water means not only an ordinance of the city council or the vote of a majority of the voters, but also the certificate of approval from the Board of Health, then and not till then will the water supply for the cities be safe, and I predict that the time will come when the physician's directions for preventing disease will be as carefully followed as his prescription for restoring health.

The Medical Profession and Venereal Disease.

According to W. J. Herdman, Ann Arbor (Journal A. M. A., October 20), there are three leading fallacies that the medical profession must first attack in their combat with venereal disease: 1, The physiologic one, that continence in sexual life is in any way injurious to him or her who practices it; 2, the social one, that permits one standard of recognition for the man and another for the woman who has fallen from virtue; and, 3, a fallacy of method, built on a misconception of the factors of the problem, and consisting in the prevalent belief that an infraction of the normal law with its evil moral and physical effects, can be repaired by any system of legal restraint or license directed to the physical effects alone, especially since such legal control must of necessity be partial and incomplete. These must be cleared away before much can be done. Tne present machinery of the American Medical Association, he states, affords an excellent means of providing the needed education of the public. It should have a standing committee as a central nucleus, charged with the duty of collecting statistics, disseminating literature, furthering legislation, etc., and the state medical societies should have corresponding committees, while the work should be carried further, through the county societies, health board and officials, boards of education, teachers and church organizations. A whole systematic plan of campaign is sketched out which has been already adopted and carried out by the Michigan State Medical Society. It needs no prophet, he says, to anticipate how fruitful of good results such a systematic and thorough plan of enlightenment will be against this great evil.

Venereal Diseases in France.

T. Tuffier, Paris, France (Journal A. M. A., Oct. 20), describes the methods now employed in France to check the spread of venereal disease. The consist in the police control (reglementation) of prostitutes and resorts, and educational methods. The latter are carried on by lectures, distribution of pamphlets, etc., and there is an active Society of Prophylaxis composed of physicians, surgeons, obstetricians, eminent lawyers and police officials which meets monthly to consider important matters connected with the subject and which has accomplished definite results. The police regulation of women appears to be limited under the French law to those actually soliciting, and the need of more frequent examination by skilled venereal specialists and increased facilities for treatment is recognized and sought to be provided for. Most physicians believe that there should be a special service in all general and special hospitals to meet the necessities of this class of cases.

Digitized by Google

THE RELATION OF EYE STRAIN TO THOUGHT CONCENTRATION AND AUTO-SUGGESTION IN FUNCTIONAL NEUROSIS.

By AMY D. CURRIN, M. D,

Read before the Eastern Oregon Medical Society, at Pendleton, Sept. 26, 1906.

I. In presenting this subject, I wish first to mention those methods of producing ocular fatigue in hypnotism with which you are familiar, such as looking at a bright object or looking steadily at a fixed point. These, together with suggestions, produce concentration of the mind, and bring about hypnotic sleep.

II. I have a theory then, that a similar condition of *ocular fatigue* may involuntarily be brought about by eye strain when there is an error of refraction, and after it or with it comes a similar *thought concentration.*

The two conditions acting together are etiological factors in a large number of the chronic nervous disorders with which the general practitioner has to deal.

III. Because when there is an error of refraction, the range of vision is narrowed and either a slight myopia or hypermetropia or some astigmatism is just sufficient to keep up a constant strain in order to get clear vision with more or less of fatigue.

In *myopia,* as distant objects are indistinct or blurred, the individual avoids looking about him and gets into the habit of looking only at things which are an easy focal distance from the eye—in some cases the distance being only a few feet. In *hypermetropia,* where there is constant strain upon the ciliary muscle anyway, the same thing is done in order to avoid greater strain upon the muscle by responding to accommodation.

For example. You will notice when traveling upon a rapidly moving train that you avoid looking out of the window because it is easier and more restful to look at objects in the car; and your mind naturally dwells upon that toward which you are looking. Or, if you do look out of the window for a very long time, it is to gaze into space without really seeing anything, and in this case you are dreamingly thinking your own thoughts. So it is with eye strain. When such a condition lasts for years, the person acquires the habit of looking down, of squinting, suffers from headache and strives to be alone as much as possible, where he may close his eyes and thereby rest them. He naturally grows *introspective,* his mind is narrowed to the few objects at which he is accustomed to look and he is given to dreaming with his eyes closed because it is an easy occupation.

Digitized by Google

Thus we have *ocular fatigue* followed by *concentration of the mind,* and when this train of symptoms is once established, the patient is then susceptible to any variety of *Suggestions;* from adverse surroundings, business worries or uncongenial associations. He thinks more and more about himself—becomes morbid, is imaginative; there is lack of will; he does not understand himself and no one else does, and the final result is often a nervous break down.

The condition is not reflex, as we understand that much-used phrase, "reflex action," to become an impulse conveyed mechanically by means of nerve connections, but rather, as I have tried to describe, the person grows accustomed to thinking without observing or looking about; the mind gets into a rut on account of anatomical deformity or functional weakness of the eye.

A neurasthenic child with increasing myopic astigmatism, getting into this state during the stress of school days and the developmental period, becomes nervous and irritable, grows into a hysterical young girl or boy, and finally becomes a case of Dementia Precox.

Later in life, particularly at the time of the menopause, presbyopia is the cause of eye strain. It is then that auto-suggestion plays a large part in helping along functional nervous disorders and produces many a chronic invalid since in these cases there is usually some slight organic lesion in the body to build from in the first place, and the rest is enlarged upon in the patient's own mind until a most complicated imaginary disease is the result.

IV. Hence, in the treatment of all such cases where there is an error of refraction, it is not enough to fit a pair of glasses—but the relation of *eye strain* to *thought concentration* and the *force of suggestion* must be understood in order to break up this *introspective habit* and restore a normal mental equilibrium.

Teaching Regarding Venereal Disease

G. Whiteside, Portland, Ore. (Journal A. M. A., October 20), believes that, as regards venereal disease, we must rely upon the prophylactic value of very early education, and that it would be better if every mother should teach her children the anatomy and physiology of the sexual organs as soon as they are able to understand it, than to have them wait till puberty an dacquire erroneous ideas in the meantime. Boys at the age of 15 or 16 could be instructed as to the nature and dangers of gonorrhea and syphilis, best by some physician, and not to frighten them but simply as information. With older men such instruction is less effective. Girls of the better class should understand their anatomy and physiology, but why tell them of venereal disease or loathsome sexual perversions? Girls who have no one to look after them should, for their own safety, be as well informed as the boys are, and should be especially instructed as to the dangers of drink and of abortion. Whether such measures will make the world better is doubtful, but we can not be sure without a trial.

Digitized by Google

CEREBRO-SPINAL MENINGITIS.

By EMIL POHL, M, D.

Read before the Oregon State Medical Society, May 15, 1906

Since the mode of infection of Cerebro Spinal Meningitis is still doubtful it is interesting to trace the disease as it appeared in the epidemic in the winter of 1897 and 1898 at Skagway, Alaska. The first case was a man who had been in town for some time; his case proved fatal in a short time. The sanitary conditions surrounding his home were not bad; with the assistance of cold weather no decomposition could take place. The water was supplied from the mountain side, the Skagway river and a few wells. No cases were reported from up the river, prior to the Skagway cases. I think we can eliminate water as a factor in the causation of Meningitis. One case in particular that was admitted to the hospital, stated that he was careful even to wash in water that had been boiled. If we can accept the truth of his statement, that would prove almost conclusively that the disease was not transmitted through the intestinal tract, but more than likely through the nose and respiratory tract. Following the report of the first case other cases were reported from various portions of the town. About this time we began to hear of cases at Dyea. First the cases came from near the town and other cases came from further distances. The disease then crossed the mountain range and appeared all along the trail to Lake Bennett, a distance of 40 miles from Skagway. Below this point I did not hear of any cases. The last case that I saw at Bennett was in the month of April. When the warm weather set in at Bennett the sanitary conditions were bad, the disease disappeared and did not reappear until the following winter at Skagway. That year, I am told, they had but three cases. It would seem that cold weather or exposure is an exciting factor, although cases of Meningitis do appear in the summer. If the disease is contagious it must be very mildly so, as I know of no one attending on the cases taken down with the disease, and usually but one case appeared in a household.

In reviewing the morbid anatomy, I have selected a subject in which the pathological conditions are present in most autopsies. First I will briefly refer to the symptoms of this subject. His previous history was good so far as I could find out, for when I first saw him he was delirious. He was a powerful man, about 35 years of age, weighing about 190 pounds. I saw him about the fourth day after he was taken ill. He had all the symptoms of Meningitis. The excruciating pain in head and neck, stiffness of the muscles, deafness, strabismus, inequality of the pupils, hemorrhagic spots, herpes liabialis and delirium; his temperature was irregular as well as his pulse;

Digitized by Google

he passed into coma and died seven days from the time when I first saw him. On cutting through the dura mater considerable serum escaped. The pia and arachnoid were so adherent to the brain in places that it could not be separated without tearing the brain substance. The blood vessels of the brain stood out prominently, greatly engorged on the convexity of the brain; considerable sero-fibrinous deposit was present, especially in the depressions or fissures. By exposing the base of the brain, the optic commissure and its immediate neighborhood was covered with a pussy exudate, the exudate was more abundant at the auditory nerve just as it entered the internal auditory meatus. The medulla and pons were covered with pus. The interior of the brain seemed quite normal with the exception of the choroid plexus, which was greatly engorged, the ventricles contain an extra amount of serum. The spinal cord showed the same pathological conditions as the brain, the pussy exudate seemed to be greater in amount on the posterior than the anterior surfaces of the cord.

I will read briefly the charts of two cases which I saw in Portland. I have selected these two because one is a good example of the ordinary form and the other the recurring or relapsing form. No two cases present parallel conditions as to course, symptoms or intensity. In Meningitis there is no symptom which is infallible.

Case 1. Irene D., age 20; history good, both parents living; enjoyed good health up to within a few hours before she began to complain. On the morning of April 14th, 1902, complained of severe pains in head and back of neck, vomitted incessantly. These were practically all the symptoms. Temperature normal, pulse accelerated. By the evening of the same day the pains were so excruciating that she was crying out constantly. Dr. A. C. Smith was called in the case.

April 15th, morning temperature, 98; pulse, 92; respiration, 10.

April 15th, evening, temperature, 98½; pulse, 106; respiration, 6.

During the day she received 2½ grains morphine hypo. Ice to back of head and neck.

April 16th, morning temperature, 99; pulse, 74; respiration, 8.

April 16th, evening temperature, 99; pulse, 70; respiration, 6.

She received 2¾ grains morphine.

April 17th, morning temperature, 100; pulse, 98; respiration, 6.

April 17th, evening temperature, 102; pulse, 104; respiration, 15.

She received 2½ grains morphine.

April 18th, morning temperature, 102 3-5; pulse, 104; resp., 18.

April 18th, evening temperature, 102; pulse, 90; respiration, 20.

She received 1¼ grains morphine.

April 19th, temperature, 99½; pulse, 86; respiration, 14.

During the day she received only ¼ gr. morphine.

April 20th, temperature and pulse normal; felt well, except slight pain in head; some soreness in the muscles of neck and legs; on the 20th all morphine discontinued, but received 20 grs. bromide three times daily until she left the hospital on the 22nd. This case did not have the hemorrhagic spots, no strabismus or paralysis, with the exception of the inequality of the pupils, no herpes. The vomiting

Digitized by Google

in this case was very persistent and did not stop until the third day.

Case 2. Floyd B., age 16 years; mother's history good; father tubercular. On January 8th, 1901, at 2 P. M., was suddenly taken with chill and headache; at 9 P. M. became unconscious.

Temperature, 104; pulse, 140; respiration, 42. I saw this case with Dr. Ziegler.

January 9th, temperature, 101 to 102; pulse, 140; respiration, 40. This day the eruptions appeared over the entire body.

January 10th, temperature and pulse about the same as on the 9th.

January 11th, temperature subnormal, pulse good; was rational.

January 12th, he again had a temperature which continued until the 18th, when his temperature was again normal. From January 19th to the 26th he again had temperature up to 102. From January 25th to February 8th he would have a temperature every second day or third day. From February 9th he improved steadily and was dismissed on the 17th.

This case is interesting on account of the tubercular history, no doubt these are the cases we hear of recovering from tubercular meningitis. He had almost all the symptoms with the exception of strabismus and herpes. The stiffness of his muscles was unusually marked. Opisthotonos developed on the 10th of January. He had his legs flexed all the time, and it was impossible to straighten them. Kernigs sign was well marked.

The tapping of the spinal canal by lumbar puncture is of great value in some cases by relieving pressure, but it is not curative. The injection of antitoxin into the spinal meninges is rather an odd procedure. If it has any effect on the disease, why not inject it into the cellular tissues the same as in diphtheria? It would be just as reasonable to suppose that the results would be better in diphtheria by injecting the antitoxin into the pharynx or tonsil. To irrigate the spinal canal with antiseptic solutions is another one of the methods advised. If we stop to consider the pathological conditions involving the brain as well as the spinal cord, it is very apparent that it is impossible to reach all diseased parts through the spinal canal. The hot bath has many advocates; it certainly relieves the spasmodic conditions of the muscles and stimulates the superficial circulation. Ice to the head and back of the neck is very grateful to the patient and helps to relieve the headache.

Of all drugs recommended in this disease, opium and bromides seem to be the only ones of any benefit. Every patient requires different doses of opium, and one has to administer accordingly, but keep patient under the influence of the drug for two or three days, or until symptoms have been improved. The sooner the opium is commenced the results seem better, before marked exudation takes place; thereafter, bromides seem to act the best.

Digitized by Google

PNEUMONIA.

By R. J. SMITH, M. D.
Smithfield, Utah

Pneumonia still holds its place as one of the most fatal of all maladies afflicting mankind in the temperate zones, and yet it is the one in which rational treatment, directed not to the name of a so-called entity, pneumonia, or to the cause, the pneumococcus, but to the condition present, offers the greatest hope. The regular orthodox treatment as exemplified in hospital practice is a most pronounced failure, giving a mortality rate of 35 per cent to 45 per cent. Such a result could not be excelled, even if no treatment whatever were administered. In private practice, however, the mortality rate resulting from orthodox practice is not so high, but reaches at least 15 per cent to 25 per cent.

In the presence of evidence of such failure and the depressing effect the knowledge of such failure has on the lay mind, the medical profession should grasp the lamentable truth, not in a despairing, don't-know-what-to-do, nihilistic expression of mind, but with a determination to hew out a road to successful treatment on a new conception of this departure from normal pictured in the symptom complex of inflammation of the lung.

Granted that the pneumococcus is present in the majority of cases and is the accepted cause of the disease. We also grant that all the symptoms, or the greater part, are due to the activity of this germ and to the toxins elaborated by it and absorbed to the direct injury of all normal cell action. That is one picture upon which we have dwelt to the exclusion of all else, and to such an extent that we have become color blind and our field of vision restricted to the plausible but incentive-destroying beauties of the germ theory.

Let us, then, tear our gaze from such a siren of therapeutic nihilistic tendency, and behold another picture often of late presented but towards which we as a profession supposed to be progressive have turned our blind eye.

In a majority of normal individuals the pneumococcus has been demonstrated in the throat secretions and in ten or fifteen per cent of cases of common cold.

(1). The presence of the pneumococcus is not alone a cause of pneumonia.

(2). The development of the disease proceeds in the majority of cases from some contributory cause. Cold is an important factor in the causation. This produces the lesion or a lowering of vitality and the germ finds a nidus for rapid development.

(3). The phagocytes, the warriors of the blood, if in an active, healthy and sufficiently numerous condition, are able to repel the attack of any virulent germ. It is only when overwhelmed by intense

Digitized by Google

virulence of the invading germ, or their defensive powers are reduced by disordered metabolism that infectious diseases result.

In pneumonia there is primarily a congestion of the affected part. There is more blood there than there should be, and a lessened amount obviously in other parts of the organism. This interferes with normal cell activity, assimilation is lessened, elimination is interfered with, and there is added to the infection a self-poisoning that still further weakens resistance.

This is the second picture, the emphasized points of which show in perspective the logical line of treatment. The germ thus becomes a secondary consideration. The lethal influence of the germ can only be combated by restoring or increasing the defensive powers of the scavengers. Can this be done? Decidedly yes.

Briefly outlined, the plan of treatment should follow the line of least resistance. First hygienic and eliminative treatment to put the field in a comparatively clear and clean condition so as to reduce to a minimum any resistance from interference with assimilative processes.

Having emptied the intestinal canal by a cholagog and laxative, as calomel and saline laxative or castor oil, keep it clean by the administration of the W. A. intestinal antiseptics, the sulpho-carbolates of zinc, lime and soda.

Restrict the diet, give plenty of water to flush the sewers, procure rest and quiet, direct a full bath with local application of heat or cold to the affected part.

Directing the attention now to the local condition, that of congestion the first stage, inflammation following in the second stage, though both may be and no doubt are present at the same period of time, we recognize that there is a vasomotor disturbance. There is some interference with respiration, rapid heart action, high temperature, cold extremities, or cold surface, or a rigor may usher in the attack. There is too much blood in one part, too little in another. Equalizing the circulation will relieve stasis in the affected lung, thus allowing exit to the compressed leucocytes, draining the congested areas, allow new blood, new warriors, the reserves to engage the enemy; and the result is restoration to normal. To equalize the circulation, prescribe veratrine 1-134 gr. frequently, until the pulse is reduced or slight nausea occurs.

Veratrine reduces congestion, lessens pulse rate, and lowers temperature. It increases elimination. It acts on the vasomotor centers, stimulating them. It is often advisable to combine with this remedy the amorphous aconitine to reduce heart action, lessening the amount of blood thrown into the arteries and relaxing the spasm of the arterioles in the skin and elsewhere, thus sedating the circulation.

With the spastic condition of the vasomotors in the general circulation, there is a paretic condition of the vasomotors of the affected area, and for this latter condition, digitalin is administered. It acts on the paretic vessels, giving them tone, contracting them and assisting in driving out the accumulated blood—it relieves congestion.

These three remedies are of inestimable benefit in all cases of

Digitized by Google

sthenic hyperemia and on their action is based the alkaloidal treatment of pneumonia.

Some cases are asthenic from the beginning. In these veratrine, the great circulatory sedative and depressant, is substituted by the vital incitant strychnine arsenate, forming a combination known as the dosimetric trinity with aconitine amorphous and digitalin.

These remedies must be administered dosimetrically; that is, in small, frequently repeated doses, watching the effect.

As the circulation becomes equalized, there is a lessening of pain, respiration is reduced, the temperature is lowered, heart action is slowed, and the patient in a fair way to quick recovery.

In pneumonia there is usually pronounced leucocytosis and if high, the patient usually recovers. This leucocytosis can be increased and the defensive powers of the leucocytes augmented by the administration of nuclein. In asthenic cases it is a necessary adjunct of treatment, and its use often turns the scale towards a certain convalescence.

Thus briefly outlined, this treatment is based on logical deduction; it is intelligible, and, further, it is successful.

The courageous editor of the only Critic and Guide reflects thus: In view of the positive undeniable and universally admitted failure of our own regular routine orthodox treatment in pneumonia, have we any right to sneer at anybody who firmly and positively asserts that his plan of treatment gives superior results? And is it not our plain duty to give such a plan of treatment—unless it is a manifest absurdity on the face of it—a thorough, unbiased trial?

As progressive members of a progressive science, we can do no less than follow this logical advice.

Does the Drinking of Water Give Typhoid Fever?

R. G. Eccles declares that there is no reasonable room to doubt that the development of typhoid fever is connected with the use of infected water; but that typhoid fever results from the drinking of infected water is quite a different proposition. He then emphasizes the important part which flies play in carrying disease germs to food. These insects go through human excreta, garbage, slops, sputa, and decomposing matter in one minute and then wade over our food at the next. It is easy to see how food may multiply disease germs to the danger point, but it is not evident how any person could take the disease from water that thousands are drinking without the slightest injury. Typhoid germs injure by their toxin. When these germs get into food there is practically no limit to the poison that they are able to produce if the conditions are favorable. The writer then goes into various phases of this question. He considers water, dust, and fomites as mere seed sowers. Food is the disease breeder. In the late war the Japanese lost only one-sixth as many from typhoid fever and dysentery as did the Russians. The writer ascribes this fact to the differences in the character and the method of caring for the food of the two nations.—Medical Record, August 11,

Digitized by Google

Medical Societies

Fourteenth Annual Meeting of the Idaho State Medical Society, Held at Lewiston, Idaho, October 4th and 5th, 1906.

The Society convened in the rooms of the Lewiston Chamber of Commerce, and was called to order at 10:45 on the morning of the first day by the President, Dr. J. B. Morris, of Lewiston. Officers present: Dr. J. B. Morris, President, and Dr. Ed. E. Maxey, Secretary-Treasurer. For list of members and visitors present at the meeting, see official register.

On account of the morning attendance not being large, it was agreed that the Address of Welcome and the President's Address be postponed until the opening of the afternoon session.

The President briefly reported on the needs of the Society, as follows: He emphasized the importance of a more thorough organization of the profession of the state and suggested the formation of several new district societies as a means of getting the profession together. He urged the members to use their utmost endeavor toward securing the passage of more stringent medical laws and to aid in enforcing our State and National Pure Food Laws. He thought it would not be best, at the present time, to try to amend our medical laws, as has been suggested, to provide for reciprocity of state licenses.

Annual Report of Secretary-Treasurer.

The Secretary-Treasurer then read his annual report for the year just ended, and on motion, it was referred to a committee of three members, who are to report later on the recommendations contained therein. The President named Drs. C. W. Shaff, J. W. Givens and E. S. Prindle as constituting that committee. The Secretary-Treasurer's report is as follows:

Report of the Secretary-Treasurer for Year 1906.

Gentlemen:

I present herewith report of the transactions of my office since last annual report.

I take pleasure in reporting to you that your Society is in a very healthy and prosperous condition. There is still some apathy shown by a few members in the matter of paying their dues promptly and otherwise worrying the local district secretaries, but we are glad to be able to state that the great majority of the members really have the best interests of our profession at heart and do their part toward furthering the interests of all.

This fact has been well exemplified in the hearty and prompt response by many to my appeal to the members for funds to reimburse Dr. R. L. Nourse for money paid from his private funds in the matter of his contempt of court proceedings. To refreshen your memory concerning this case, I will read you a copy of my letter to the members which will explain the circumstances.

Boise, Idaho, Jan. 10, 1906.

Dear Doctor: At the last annual meeting of the Idaho State Medical Society, held at Boise in October, 1905, the President, Dr. R. L. Nourse, of Hailey, Idaho, read an Address on Medical Legislation, which address was published in full in the November number of the Medical Sentinel. In this address Dr. Nourse made some remarks relative to recent and pending litigation (wherein action was brought to compel the State Board of Medical Examiners to license certain applicants who had failed to pass the required examination of the Board)

Digitized by Google

to illustrate certain weak points in our present medical law and indicate needed changes. Judge Price took exception to these remarks made by Dr. Nourse in his address and Dr. Nourse was cited to appear and answer to the charge of contempt of court, on which charge the court found Dr. Nourse guilty and fined him $300.00 and costs. An appeal was taken to the Supreme Court through a writ of review, but the higher court refused to interfere, and Dr. Nourse was compelled to pay the fine, the costs, and an attorney's fee.

Now, insomuch as Dr. Nourse was President of the Idaho State Medical Society at the time he read this address, it being his annual address as President of the Society; and as the address in question was published, not by Dr. Nourse, but by the Committee on Publication of the State Society; and since, further, the subject-matter treated of in this address was and is of vital importance to the medical profession of the state, and every word uttered by Dr. Nourse was warmly approved of by every physician hearing or reading his address; for these reasons it is unjust and unreasonable to expect or allow Dr. Nourse to bear all of the burden, moral and financial, of this unfortunate affair.

As Secretary of the Idaho State Medical Society I am taking it upon myself to communicate these facts to the members of the Society and request voluntary contributions to raise a fund for the purpose of reimbursing Dr. Nourse in part or whole for the expense to which he has been put in this matter. I am sure that Dr. Nourse has the moral support and sympathy of every member of this Society, now let us show him that we want to help him bear his financial burden also. Already several members have written me expressing a desire to help in a financial way, in amounts from ten to twenty-five dollars each. I will not ask for any definite amount from you, but leave the matter entirely to the dictates of your conscience and your ability to pay. Remember the Golden Rule and send contributions to me that the Secretary's office may forward official receipt and give you proper credit. A prompt reply will be appreciated.

Very truly yours,

ED. E. MAXEY,

Secretary Idaho State Medical Society.

To this letter I received replies from the following members, who contributed the amounts specified.

George Collister, Boise	$ 10 00
Numbers & Steeves, Weiser	25 00
C. B. Shirley, Weiser	5 00
J. M. Taylor, Boise	5 00
E. W. Kleinman, Shoshone (now Hailey)	5 00
C. P. Thomas, Spokane, Wash.	10 00
J. B. Morris, Lewiston	15 00
I. S. Collins, Burke	5 00
J. W. Gue, Caldwell	10 00
Boeck & Boeck, Boise	25 00
C. L. Dutton, Meridian	10 00
M. Brundage, Shelley	5 00
Jessie K. Clarke, Weiser	5 00
C. L. Gritman, Moscow	5 00
Woodward & Woodward, Payette	20 00
M. E. Alexander, Mullan	5 00
G. M. Waterhouse, Weiser	10 00
H. A. Castle, Pocatello	20 00
W. J. Middleton, St. Anthony	10 00
John W. Givens, Oro Fino	15 00
McCalla & Maxey, Boise	20 00
Total	$240 00

Total amount received, $240.00.

This amount was forwarded to Dr. Nourse at Philadelphia shortly before he sailed for Europe, and I append heretofore an autograph letter from Dr. Nourse, written in Berlin, acknowledging receipt of the money and thanking the members of the Society

Digitized by Google

for their very substantial and spontaneous expression of their loyal sympathy and endorsement.

In my last annual report I gave a list of the physicians who contributed to the Portland A. M. A. entertainment fund. Soon after last year's meeting I received notice that the entertainment committee would be able to return 51 per cent. of the fund subscribed. This, in due time, was received by me, through Dr. Morris, and proportioned to the various subscribers from whom I had received contributions. Their several receipts are appended to this report.

On motion, at the last annual meeting, the Secretary was instructed "to secure the stenographic notes of Dr. McCormack's address, if possible, and have a sufficient number printed for distribution among the physicians of the state." Through the courtesy of the editor of Northwest Medicine, I was able to get a fairly complete report of Dr. McCormack's remarks, in reprint form, and have tried to mail a copy to every licensed physician in the state.

Having had considerable demand for copies of the Principles of Medical Ethics, your Secretary assumed the responsibility of ordering a supply of the Principles of Medical Ethics recommended by the American Medical Association. I shall be glad to supply a copy of this little book to any member who may desire one.

No doubt you are all familiar with the commendable stand taken by a number of periodicals, notably, "Collier's Weekly," "Ladies' Home Journal" and "Everybody's Magazine," in favor of pure drugs and the refusing of patent medicine advertisements. In compliance with the unanimous vote of the Society last year, commendatory resolutions have been sent by me in the name of the Society to each of these periodicals. It seems to me, however, that there is still more for us to do. I would suggest that the Society at this meeting instruct its committee on legislation to work for the passage of a proper measure to regulate the sale of drugs and proprietary and patent medicines.

Action should be taken at this meeting expressing the appreciation of the profession of our state for the work of Senator Heyburn in securing the passage of a National Pure Food Law.

I wish to call your attention to the liberal number of papers promised on this year's program by our own members. I attribute this increase to two influences: (a) increase of interest in the meetings, and (b) the method of outlining the program in advance and assigning definite subjects to members and others who may be expected to attend. This idea is borrowed from the Washington State Society and, though somewhat experimental and elemental this year, is capable of much expansion and worthy of future trial.

East Idaho District Medical Society.

At the January meeting of the South Idaho District Medical Society the members of this Society residing in the counties of Lemhi, Fremont, Bingham, Bannock, Custer, Oneida and Bear Lake, organized the East Idaho District Medical Society and elected the following officers: Dr. O. C. Ormsby, Rexburg, President; Dr. T. M. Bridges, Idaho Falls, Vice-President, and Dr. Myron Brundage, Shelley, Secretary-Treasurer. They have held meetings at Pocatello (April) and Blackfoot (July), both well attended and of scientific interest. At their July meeting they adopted a constitution and by-laws, which will be submitted, together with their application for a charter, for the approval of this Society.

The following resolution was adopt-

Digitized by Google

ed by them at their July meeting:

"Resolved, By the East Idaho District Medical Society, that on and after November 1st, 1906, no member of this Society shall make a medical examination for any old-line life insurance company for less than five ($5.00) dollars."

The Secretary was directed to have copies of this resolution printed and forward a sufficient number to each physician in the district, members and non-members alike, asking them to support the movement and report what action they would take in the matter. Twenty-one replies have been received by the Secretary, thirteen from members and eight from non-members, all of whom stated that they would support the resolution; none have given an unfavorable reply.

South Idaho District Medical Society.

The organization of the East Idaho District Medical Soociety leaves the following counties in this Society: Ada, Canyon, Boise, Washington, Owyhee, Lincoln, Blaine and Cassia. During the past year good meetings of this branch of the Society have been held at Idaho Falls (January), Twin Falls (April), and Nampa (July).

The division of this Society brings up the matter of an equitable division of the funds in the treasury of the primary society. It is suggested, in the case of the South and East District Medical Societies, that each district shall be allowed the full amount of dues and membership fees collected for the year 1906 from residents of the respective districts; and that the remaining balance in the treasury of the South Idaho District Society be divided between the two districts in the ratio of the paid membership in each district for the year 1905.

At the July meeting of this Society the following resolution was unanimously adopted:

"Resolved, That it is the wish of the members of the South Idaho District Medical Society that the Idaho State Medical Society take some action at its next session with a view of appointing some person or persons to represent the profession in enforcing the Law Regulating the Practice of Medicine in Idaho; and that some definite action be taken by the State Society looking to more complete organization of the profession of the state, for the securing of needed medical legislation; all such action to be in harmony with and in support of the work of the State Board of Medical Examiners."

North Idaho District Medical Society.

This branch Society comprises the counties of Kootenai, Shoshone, Latah, Nez Perce, and Idaho. Meetings were held during the year at Lewiston and Coeur d'Alene. A movement has been inaugurated in this district to raise the fees for medical examinations for fraternal insurance companies. It is their plan to have each physician sign an agreement to make no examinations for these companies for less than three ($3.00) dollars, and then send a copy of this agreement with names of physicians signing, to each company doing business in the state. The Secretary reports that up to the 12th of September about 50 per cent. of the physicans in the district had signed the agreement. This is a very commendable movement, and I believe the State Society should give it their hearty approval.

Condition of Finances of State Society.

Debits—

To balance cash on hand per last year's report.....	$394 75
To cash receivd from South Idaho Dist. Med. Society....	163 50
To cash received from East Idaho Dist. Med. Society....	9 00
To cash received from North	

Digitized by Google

Idaho Dist. Med. Society....	19 50
To membership fee from Dr. R. S. Thompson.....	5 00
To membership fee from Dr. H. C. Hubbard.....	5 00
To cash refunded by Portland A. M. A. Entertainment Com.	96 90
To subscriptions to Dr. R. L. Nourse fund	240 00
To total cash received from all sources $933 65	
Credits—	
By stationery and printing..$	62 85
By postage	18 00
By expense of 1905 meeting...	12 50
By telephones and telegrams.	5 05
By expense Dr. McCormack and reprints of his address..	13 00
By typewriter desk for secretary's office	45 00
To express and drayage.....	2 00
By North Idaho Dist. Med. Society, membership fee Dr. Thompson	5 00
By draft to Dr. R. L. Nourse..	240 00
By cash returned to subscribers, Portland A. M. A. Entertainment Fund	96 90
By expense of secretary, visit to north end of state.....	91 50
By total disbursements for the year $591 80	
Total receipts for the year....$933 65	
Total disbursements for year. 591 80	
Balance cash on hand Oct. 4th, 1906 .....$341 85	

Respectfully submitted,

ED. E. MAXEY,

Secretary.

The Secretary presented the applications of thirty physicians for membership in this Society, and on motion these applications were referred to the Committee on Applications, composed of Drs. James M. Lyle, of Peck, C. E. Sears, of Wallace, and F. L. Hinkly, of Lewiston.

The Secretary made a verbal report covering the results of his trip through the northern end of the state. He stated that he had visited the towns of Rathdrum, Sandpoint, Coeur d'Alene, Harrison, Wallace, Wardner, Moscow, Troy, Juliaetta and Lewiston; that he had seen practically every physician in these towns, in the interests of organization; and that with only three exceptions he had secured the application of every physician who was not already a member. He stated further that as a result of his trip he had thirty applications for membership and had made the necessary preliminary preparations for the organization of another district medical society—"The Kootenai-Shoshone District Medical Society." The Secretary felt confident that if an organizer could be sent into each district of the state fully 90 per cent of the resident physicians could be induced to affiliate with our society.

On motion of the Secretary, Dr. H. R. Elderkin, of Coeur d'Alene, and Dr. F. S. Sterling, of Lewiston, in view of their age and long service in the active practice of our profession, were each elected to a life membership in this Society without payment of fee or dues.

A paper by Dr. J. M. Taylor, of Boise, was then read by the Secretary, as Dr. Taylor was not present; subject of paper, "Prevention of Venereal Diseases."

Dr. J. N. Alley, of Lapwai, in opening the discussion, said he thought the physician was to blame for a great many innocent infections. Too many uncured cases were allowed to marry innocent girls. He favored a campaign of education of the public that would enlighten the people as to the prevalence of venereal diseases, the difficulty of cure, the danger of inno-

Digitized by Google

cent infection, and the proper methods of prevention. He referred to the education of the public on the subject of tuberculosis as an illustration of what might be accomplished by education along these lines. He agreed with the essayist in that alcohol was a factor of very material causative effect in the propagation of venereal diseases. High living was another causative factor. In conclusion, he suggested that we educate the public and use more caution in our treatment of these diseases.

Dr. C. W. Shaff, of Lewiston, said that it was well known that police surveilance has proven a failure, for the simple reason that examining physicians will not use necessary pains in their examination of prostitutes. He also emphasized the fact that the gonococcus may not be found in the neutrophile, due to the breaking up or disintegration of these cells. He makes it a rule in his practice to not discharge his cases of gonorrhoea until at least two weeks after the gonococcus has disappeared from the discharge. People living in a proper environment, the pure and temperate, are very much less apt to contract the venereal diseases. He lauded the influence of the Y. M. C. A. in keeping young men pure and clean, and thought that we as physicians should encourage young men to affiliate with such institutions.

Dr. R. L. Gillespie, of Portland, said that he found in his nervous work many cases of melancholia caused by gonorrhoea and spoke of two cases now under treatment. He thought that physicians should be moralists and give freely of their advice to the boy and girl just entering into manhood and womanhood. The dark side and dangers of sexual dissipation should be plainly explained to them, and he saw no reason why a young man should not be as virtuous as he expects his wife to be.

Dr. C. E. Sears, of Wallace, spoke on the question, "When is gonorrhoea cured?" He thought we should have some set rule for saying that a man is cured, and suggested that in cases where a discharge still lingers, that the prostate should be massaged, the urine centrifugated and examined for gonococci every week for three months, before we can safely say that the patient is cured.

Dr. Alley, in closing the discussion, said that before we can pronounce a case of gonorrhoea cured we must determine two things : (1) Have we cured the complications? and (2) Is the pus free of gonococci? Irritating the urethra with a nitrate of silver injection will often develop an acute gonorrhoea in cases in which we think we have accomplished a cure. However, the mere presence of a thin discharge does not necessarily mean that the case is not cured of his gonorrhoea.

The Society adjourned to meet at 3:30 this afternoon.

Afternoon Session.

The Society was called to order at 3:30 o'clock by the President.

Dr. J. F. Hurlburt, Chairman of the Committee on Arrangements, reported that his committe had, besides making the usual necessary arrangements for a meeting place, etc., provided for the entertainment of the members and visiting physicians at a banquet, to be held at the Raymond Hotel on tomorrow evening.

The President then introduced Hon. Henry Heitfield, Mayor of Lewiston, who, in an address of welcome given in his characteristic manner and style, welcomed the medical profession to his city and made each member feel sorry for the poor doctor who felt compelled to stay at home.

An address was then delivered by

Digitized by Google

the President, Dr. J. B. Morris, of Lewiston, on the subject of "Advances of Medical Education."

Report of Committee on Applications.

We have examined the credentials of the following named physicians and recommend them for membership in the Idaho State Medical Association and its subordinate branches: Drs. R. Truitt, of Cottonwood; F. T. Harris, of Wallace; C. W. Slusser, of Sandpoint; F. P. Maschette, of Wardner; T. R. Mason, of Wardner; W. N. Davis, of Wardner; Frank Wenz, of Rathdrum; J. C. Dwyer, of Coeur d'Alene; J. N. Clark, of Moscow; P. J. Scallon, of Coeur d'Alene; W. A. Rothwell, of Kendrick; F. D. Watts, of Coeur d'Alene; C. V. Delepine, of Moscow; W. A. Adair, of Moscow, and J. J. Herrington, of Gifford. Also E. A. Todd, of Lewiston, subject to payment of fee.

We have also examined the credentials of the following named physicians and recommend that they be elected to membership in the Idaho State Medical Association and its subordinate branches, subject to their receiving a license from the State Board of Medical Examiners, and subject also to the payment of their membership fee: Drs. M. A. Dorland, of Coeur d'Alene; J. H. Shephard, of Coeur d'Alene; J. F. Wood, of Coeur d'Alene; O. C. Carssow, of Lewiston; G. A. Miller, of Ilo; F. L. Quigley, of Wardner; F. W. Rolfs, of Black Bear; A. D. Dunn, of Wallace; Susan E. Bruce, of Lewiston; Wilfred C. Hummell, of St. Anthony; Edwin Cutler, of Preston; Chas. W. Dill, of Shoshone; Robert J. Anderson, of Boise, and M. J. Gerdes, of Parma.

(Signed)

JAMES M. LYLE,
CHAS. E. SEARS,
F. L. HINKLY,
Committee on Applications.

On motion the above named physicians were elected to membership in the Idaho State Medical Association and its subordinate branches, subject to the recommendations of the committee on applications.

A paper on the "Modern View of Neurasthenia and Its Treatment" was then read by Dr. R. L. Gillespie, of Portland.

Paper on "Melancholia," by Dr. John W. Givens, Oro Fino.

The discussion of these two papers was led by Dr. W. T. Williamson, of Portland. Heredity, he thought, was an element that entered into the cause of nearly all cases of neurasthenia and melancholia. He considered neurasthenia purely a nervous disease insomuch as we had so far been unable to discover its cause or pathology. The future will probably discover an underlying state which will constitute it a disease. It is well known that medical advances radiate in restricted circles; at the present time tuberculosis is attracting especial interest. And it is not at all improbable that our knowledge of the conditions under discussion will in the future take on new growth and lead to greater light. Melancholia is not a disease, it is only a symptom. We are advancing in our classification of the types of insanity just as much as we have in other lines of medicine. We are now setting aside the symptom and advancing to the ultimate disease. He did not agree with Dr. Givens on the subject of discussing the suicidal tendency with melancholic patients. He thought it was a mistake to do so because the patient's mind is more or less in a groove and any argument with or presentation of the subject to the patient would be suggestive. Such patients are not capable of reasoning and arguments usually excite antagonism. He had no criticism to offer for the treatment

Digitized by Google

for these diseases suggested by the authors, except that he wished to emphasize the beneficial effects of opium in the treatment of melancholia; by driving away the patient's melancholic thoughts and thus obtunding the diseased mind. This with full feeding and proper exercise was the best line of treatment.

Dr. J. J. Herrington, of Gifford, asked as to the effects of the bromides in the treatment of neurasthenia.

Dr. R. I. Newell, of Spokane, asked Dr. Gillespie his views concerning the advisability of separating children from neurasthenic patients.

Dr. Gillespie, in closing, said that he did not wish to be understood as claiming that neurasthenia was a disease in the same sense as locomotor ataxia. He believed it to be purely functional, but we do not know its pathology. These patients are in a groove and the more they think the deeper becomes the groove. In answer to Dr. Newell's question he said that his remarks referred to the early education and care of the child. We can even go back to pregnancy, for a mother that is exhausted and worried during pregnancy is very apt to beget a nervous, a neurasthenic, type of child. Children's habits should be better regulated, our school system is too rigid. Excesses of every kind should be avoided. Liquor, tobacco, late hours, etc., have no place in a child's life.

He complimented Dr. Givens on the literary and scientific value of his paper. He thought that every melancholic has more or less of an idea of self-destruction. They should be watched continually, the idea is there and it is only fear that keeps them from suicide.

Dr. Givens, in closing, adhered to the advisability of discussing the subject of suicide with his melancholic subjects, as it will often strengthen the patient and enable him to resist the desire. He said he was not afraid to discuss the patient's condition with him, but, of course, one must know the patient's condition and use care.

Dr. Givens was of the opinion that we could over-do the feeding of these patients, as all of the digestive organs are more or less depressed and in no shape to be over-burdened. Don't clog the system. Whether melancholia is a disease or not is immaterial. It's a condition we have to treat. In his opinion, melancholia is caused by a perverted nutrition and this gives indications for treatment.

Paper, "Neglected Conditions of Childhood," by Dr. E. F. Conyngham, of Lewiston, was then read.

Discussion opened by Dr. R. C. Coffey, of Portland. He stated that he had found that a large per cent of the nurses who entered the hospital before 21 years of age, contracted flatfoot. But age is not the only factor as luxury previous to coming to hospital in large-framed women seems also to be predisposing cause . He thought that all children should go barefooted, and as an instance of neglected childhood Dr. Coffey called the attention of the Society to his own feet.

Dr. A. C. Smith, of Portland, said that it was his opinion that flatfoot never developed in children who have gone barefooted, and he thought all children should go barefooted.

Dr. J. N. Alley spoke of an appliance which raised the arch of the foot by placing strips of sole leather in the shoe, and in his experience had been very satisfactory.

Dr. C. E. Sears, of Wallace, said that in the use of the different appliances recommended for this trouble, we forget that weakness of certain muscles is the cause of the deformity found, and appliances do not cure this weakness. Severe cases

Digitized by Google

must have weak muscles exercised. Ochsner has recently devised a method for correcting flatfoot by means of a series of strips of adhesive plaster applied in such a manner as to hold up the arch of the foot, and at the same time support and strengthen the weakened muscles.

Society adjourned to meet at 9:30 tomorrow morning.

Second Day—Morning Session.

The Society convened as per adjournment, with the President, Dr. Morris, in the chair.

"Diarrhoea in Infancy and Early Life" was the title of a paper read by Dr. Alex. Hunter, of Kendrick.

The discussion of this paper was opened by Dr. C. W. Shaff, of Lewiston, who laid stress on the fact that we are yet unable to determine in many cases the causative factors in the diarrhoea of infancy. He stated that in Lewiston they had very few cases during the hot summer months, but in the fall, at the beginning of the colder weather, there was a marked increase in the number of cases.

Dr. Coffey thought that the quality of the drinking water was to blame for most of these cases of diarrhoea. In Portland the leading undertakers state that since the city began using the Bull Run water, or pure water, the death rate from this disease has decreased about 20 per cent.

Dr. Sears stated that at Wallace they had two sources of water supply, well and city water. The latter is piped for some distance from a mountain stream, and is considered pure. In the families using the city water he had found very few cases of diarrhoea in children, while in families using well water there was an epidemic of diarrhoea every year.

Dr. Givens said that in the treatment of these cases he found it advisable to follow the suggestions of Christopher concerning the diet: When the stool smells sour cut out hydrocarbons and feed child on a nitrogenous diet and when the stool smells foul and very offensive, cut out nitrogenous diet and feed on hydrocarbons, such as rice-water, barley-water, etc., albumin water is an excellent food in most cases. It is often a problem to know what to do for these little fellows. The season of the year is not altogether the cause of these conditions, watermelons and fruits unquestionably have causative effect. In his treatment o f diarrhoeal conditions at the asylum he had secured excellent results from the free use of mineral water, boiled milk and black pepper.

Dr. Hunter closed the discussion.

Special Committee Report.

The special committee appointed to report on the recommendations contained in the Secretary's report, reported as follows:

I. We recommend that the Society at this meeting instruct its committee on legislation to work for the passage of a proper measure to regulate the sale of drugs and proprietary and patent remedies.

II. We recommend that this Society express to Senator Heyburn, through its Secretary, the appreciation of the profession of our state for his able and persevering efforts, together with his co-workers, in securing the passage of a National Pure Food Law.

III. In the matter of the division of funds when new district societies are organized, it is recommended that the following plan be adopted as an equitable plan for dividing the funds of the original district society: (1) Let each district society, the new and the remainder of the old, be allowed the full amount of dues and membership fees collected for the year in which the new district society is

Digitized by Google

organized, for their respective districts, and (2) that the remaining balance in the treasury of the original society be divided between, or among, the districts in the ratio of the paid membership in each district for the year preceding the organization of the new district.

IV. It is recommended that the Idaho State Medical Society instruct its committee on legislation to act for the Society, in conjunction with the State Board of Medical Examiners, in an endeavor to enforce the law regulating the practice of medicine in Idaho; and it is further recommended that the campaign of organization be continued and that every effort be made by the committee on legislation and the members of this Society in an endeavor to secure the passage of needed medical legislation at next session of legislature.

On motion the above four recommendations were adopted by the Society.

In the matter of the approval of the action of the North Idaho District Medical Society in adopting a resolution agreeing to make no examinations for fraternal insurance companies for less than three dollars, the special committee recommended its approval.

On motion this recomendation was laid upon the table.

In the matter of the approval of the action of the East Idaho District Medical Society in resolving to make no examinations for old line insurance companies for less than five dollars, the special committee recommended that the State Society approve such action.

On motion this recommendation was laid upon the table.

A paper on the "Surgical Anatomy of the Mastoid Antrum" was then read by Dr. C. W. Shaff, of Lewiston.

Dr. A. C. Smith, of Portland, opened the discussion. He had often found it very difficult to find the triangle spoken of as a guide in locating the antrum. He thought a better plan was to use the external meatus as a point of base. A horizontal line passing through upper half of external meatus and extending posterior far enough (about ¼ inch) to free posterior wall of canal, would represent lower and anterior limits of bone incision. He contended that it was better to take chances of cutting into the sinus than to leave a portion of the diseased bone, the hemorrhage can be controlled by a firm packing of iodoform gauze. With the facial nerve it is different. If it is possible to avoid injury to this structure it must be saved, but even here if it is necessary to sacrifice the nerve rather than leave diseased bone, the nerve should be cut.

Dr. Coffey agreed with Dr. Smith in saying that there are cases in which we are compelled to disregard all rules as laid down for our guidance in operating on these cases. The surgeon must have a clear head, must know his anatomy, and use his best judgment in treatment of each case.

Paper, "Treatment of Compound Fractures," by Dr. C. P. Thomas, of Spokane, was, on motion, read by Dr. F. L. Hinkly, of Lewiston, Dr. Thomas being absent.

Dr. Conyngham suggested that inasmuch as Dr. Thomas was not here to take part in the discussion, no discussion be had on the paper.

On motion, the Society adjourned to meet at 1:30 this afternoon.

Second Day—Afternoon Session.

The Society reconvened at 1:30 o'clock, with Dr. Morris in the chair.

The following resolution was presented by the Secretary, and on motion was adopted by unanimous vote of the Society:

Digitized by Google

Resolved, That it is the sense of this Society that it commend the recommendations of the Board of Education of the American Medical Association concerning the preliminary education required of candidates for the degree of Doctor of Medicine; that it recommends the adoption of this high standard of preliminary education by the State Board of Medical Examiners of Idaho; and that it instruct the Committee on Legislation of the Idaho State Medical Society to endeavor to secure any necessary amendment to our medical laws as such standard of preliminary education may require.

The Constitution and By-Laws of the East Idaho District Medical Society were then read and, on motion, were approved by this Society and a Charter ordered granted them.

In the absence of most of the regularly elected members of the Committee on Nominations, the President appointed the following members to constitute this committee: Dr. C. E. Sears, of Wallace; Dr. J. N. Alley, of Lapwai; Dr. Ed. E. Maxey, of Boise, and Dr. T. J. Costello, of Lewiston.

"Obstetrics in Country Practice" was the subject of a paper read by Dr. W. A. Rothwell, of Kendrick.

Discussion opened by Dr. S. E. Bruce, of Lewiston. She took exception to the use of the antepartum douche recommended by the author of the paper, claiming that it was not only useless but often injurious.

Dr. E. L. Burke, of Culdesac, thought that the diagnosis of the presentation was one of the most important duties of the attending physician. It is not unusual for us to prolong the use of forceps because we have failed to diagnose the presentation as a difficult one.

Dr. Williamson, of Portland, thought the midwife, the average one, was the most horrible and repulsive creature in existence, and wished that some means could be devised for clearing them from the field of vision.

Dr. Rothwell closed the discussion by stating that he thought Dr. Bruce misunderstood in regard to the antepartum douche. He used it only when called to a case where a midwife had been meddling wth her dirty hands.

Paper, "Diagnosis and Treatment of Gastric Ulcer," read by Dr. Chas. E. Sears, of Wallace.

Discussion led by Dr. J. F. Hurlburt, of Lewiston. He said that this condition was often very confusing. The symptoms may not appear in their regular order, and not infrequently the first indication we have of an acute gastric ulcer is the hemorrhage. He was in doubt as to the indications for surgical interference.

Dr. Coffey stated that the Mayos never operate on a gastric ulcer case until the patient has seen and tried the treatment of at least seven medical men. Antemortem inspection has thrown much light on this condition. It is now known that the vast proportion of the chronic, incurable cases of dyspepsia are caused by chronic gastric ulcer. Rodman treats these cases for four weeks when, if there is no improvement, he considers them surgical.

Dr. Smith believed that surgery was in a period of evolution. The objectionable features of gastroenterostomy are gradually being eliminated, but gastroenterostomy will continue to be done posteriorly with short loop and elimination of the pylorus. He was of the opinion that the pyloroplasty of Finney will be the operation of the future for these cases. With this operation we have fewer adhesions and we preserve the pylorus.

Dr. Sears, in closing, said he had nothing further to say.

Paper, "Surgical Treatment of Peri-

Digitized by Google

tonitis," read by Dr. T. J. Costello, of Lewiston.

Paper, "Intestinal Intussusception," by Dr. R. C. Coffey, of Portland.

The discussion on papers of Drs. Costello and Coffey was opened by Dr. A. C. Smith, of Portland. He said the two main features of the treatment of peritonitis were posture and drainage. Elaborate work of any sort should be avoided at operation, and advised the use of local anaesthesia in as many cases as possible. Females are often drained to advantage through the vagina. The case of intussusception reported by Dr. Coffey is ideal and typical. The mortality is high in gangrenous cases, on account of their acute intensity, and he believed they would always remain high. As to what is the best operation to do, he thought the radical operation will be done less in the future and that we will be more inclined to temporize. We should do that operation which can be done quickly, the ileo-caecal anastomosis with Murphy button was very often a good operation, leaving the gangrenous portion to slough off. He preferred the lateral anastomosis, as it was easier and quicker done.

Dr. Sears called attention to the fact that the cases reported by Murphy are consecutive cases and not selected. Early diagnosis gives the best means of saving these patients, and the earlier the operation the better the results. In regard to the cause of intestinal intussusception he thought that the empty intestine and the prevalence of colic, in infants, were important etiological factors.

Dr. Newell thought there was some question as to the advisability of using rectal salines because of the fact that such injections tend to excite peristalsis and increase the amount of invagination.

Dr. Costello, in reply to the last speaker, said that Chas. Mayo divided the intestinal canal, functionally, into the foregut, midgut and the hindgut, each portion having its own fuction to perform. The hindgut having to do entirely with absorption of liquids, he thought it entirely improbable that the introduction of saline enemas would cause enough peristalsis to do any harm.

Dr. Coffey, in closing, agreed with Dr. Smith in that there was an element of luck with him in the case just reported, but in so much as the case was a difficult one and the operation radical, he thought it worth reporting. No one operation is applicable to all forms of intussusception, and he realized that the operation done by him on this case should probably be limited to chronic cases.

In regard to the treatment of peritonitis, besides drainage, he puts the patient in almost an erect sitting position, about 60 degrees, using a double inclined plane for back and leg rest. This was the method used by Murphy, Mayos, and others; it is a radical modification of the "Fowler" position and, he thought, should be called "postural" position.

Paper, "Value of Blood Examination in Surgery," by Dr. R. I. Newell, of Spokane.

Dr. Sears emphasized the point that the value of the white blood count in appendicitis and peritonitis lay not in the single count but in the results of a series of consecutive counts. He considered a single count as of practically no value whatever.

Dr. Coffey said that our knowledge of the pathology of the blood was continually changing and enlarging. At present the tendency was to study the kinds of white blood cells found. an abnormal excess of the polymorphonuclear cells is considered of more diagnostic value than a hyperleucocytosis.

Digitized by Google

Dr. Costello said that Dr. Gibson is at the present time doing considerable original work on the blood and had discarded the blood count as being unreliable and is now devoting all his time to the study of the different kinds of white blood cells.

Dr. Newell, in closing, said that no clinician nowadays expects to make a diagnosis from one symptom or one examination of the urine, the blood, the feces, etc., it is the repeated examinations that give us reliable information. Examination of the blood is only one of our methods of arriving at a correct diagnosis, and his plea was that it might be used more often.

On motion, the Society accepted the invitation of the physicians of Lewiston to take a ride over the city and through immediate vicinity, and with this object in view the Society adjourned to reconvene at 6 P. M. to finish up the work of the session.

The Society reconvened at 6:30 P. M.

The Secretary introduced the following resolution, which was unanimously adopted by the Society:

Resolved, That the members of the Idaho State Medical Society are heartily in favor of a law providing for a State Board of Health and the registration of vital statistics and hereby instruct their Committee on Legislation to use their influence at the coming session of the state legislature in an effort to secure the passage of a health bill similar to the one introduced at the last session of the legislature.

Paper, "The Therapeutic Limit of Mechanical Therapy," by Dr. Susan E. Bruce, of Lewiston, was then read by the author.

Discussion. Dr. W. A. Rothwell thought there was a place for mechanical therapy, if used in connection with common sense and regularity of time for going to stool, it was of great value in the treatment of constipation.

Dr. Gillespie complimented the author on the briefness and earnestness of her paper, and said that it was evident that she was trying to learn. Massage undoubtedly has its place in therapy, but it can be overdone. The question of diagnosis was so important, however, that massage in ignorant hands was apt to do as much harm as good. The average physician can learn some important things from the osteopath, for one thing they are very attentive to their patients, which cannot be said of all of us. Our patients would be better off, and they would think more of us, if we were more attentive to them. But there is method in their attentiveness. They treat their patients at so much per week, usually, but instead of stopping the treatment when the patient is better they are prone to continue the rubbing process until the patient's money or patience is exhausted. Massage is acknowledged to be an excellent treatment for constipation, but it must not be carried too far, nor should other rational methods be excluded.

Dr. Williamson thought the paper was very timely, as it brought up a practical topic usually overlooked. He did not consider osteopaths to be familiar with anatomy, as falsely claimed by their school, and this was shown by their treatment of acutely inflamed joints, etc. Osteopathy is an evil, as they treat the ignorant and lead them to believe that they are IT. The doctor should awake to this fact and urge the proper legislative relief.

Dr. Bruce thanked the members for recognizing the points of her paper. She thought it our duty to put our foot down on this subject and make an effort to suppress the evil.

Paper, "The Significance and Treat-

Digitized by Google

ment of Albuminuria During Pregnancy," was read by Dr. Hinkly, in the absence of the author, Dr. Russell Truitt, of Cottonwood.

Paper, "Organization of the Medical Profession," by Dr. Ed. E. Maxey, of Boise, was then read. For lack of time there was no discussion of the last two papers.

The Secretary called up the amendments to the Constitution and By-Laws which were read at the last annual meeting and laid over until this meeting for final action. The amendments were read, section by section, and, on motion, were adopted as the amended Constitution and By-Laws of the Idaho State Medical Association.

Report of Committee on Nominations: The following report of the Committee on Nominations was then read by the Secretary:

Your Committee on Nominations beg leave to make the following report and recommend that the following named members be elected to the offices, to-wit:

For President—Dr. L. P. McCalla, of Boise.

For Vice-President—Dr. J. N. Alley, of Lapwai.

For Chairman Committee on Arrangements—Dr. J. L. Stewart, of Boise.

For Chairman Committee on Legislation—Dr. W. F. Howard, of Pocatello.

For Chairman Committee on Nominations—Dr. T. J. Costello, of Lewiston.

For Place of Next Meeting—Boise, Idaho.

CHAS. E. SEARS,
T. J. COSTELLO,
J. N. ALLEY,
ED. E. MAXEY,
Committee on Nominations.

On motion, the report of the Committee on Nominations was adopted by the Society and the members named were declared elected to the respective offices named.

No further business appearing, the Society adjourned for the session.

ED. E. MAXEY,
Sec'y Idaho State Med. Association.

Portland City and County Medical Society.

The first regular fall meeting of the City and County Medical Society was held in the Auditorium of the Chamber of Commerce Building Oct. 3, 1906, President R. C. Yenney in the chair.

Members present: Drs. Buck, Cardwell, Chipman, Dammasch, Ellis, Geary, Gilbert, Hawke, Labbe, Marsh, Manion, Mackenzie, McCusker, Herbert Nichols, Rand, Roth, Ransom, Smith, A. W. Taylor, Tucker, Tilzer, Wight, Yenney, and several visitors.

The meeting was called to order, and the minutes of the previous meeting of May 17th were read and approved.

The following applications for membership were read, and referred to the Board of Councillors for report.

Dr. Glenn Wheeler, Marquam building, graduate of University of Oregon, April 17, 1905; recommended by Drs. R. C. Yenney and C. H. Wheeler.

Exhibition of Pathological Specimens.

Dr. D. H. Rand exhibited a specimen of about 8 or 9 inches of intestine, with a small portion of ileum attached, and gave the following history of the case: Mrs. H., living in Denver, Colorado, was operated upon after suffering several days from acute appendicitis. Progress toward recovery was slow, an abscess formed about the deep ligatures and stitches. Twice this was opened under general anesthesia and drainage used. April 20th the abdomen was opened and the walls of the intestine at the ileo-

Digitized by Google

cecal junction found so damaged by the long period of inflammation that an excection was done, removing the Coecum, and a small portion of ileum and ascending colon, making an end to side anastomosis between the ileum and ascending colon. Symptoms of intestinal obstruction soon appeared. The patient having been starved since April, caused by almost a total obstruction, the bowels moving once in two weeks, and only then after a rectal tube was passed and the bowels flooded with oil and water, which brought about a fair movement, the intervals were spent with attacks of vomiting and pain, little solid food being taken. She came to him in September, and kept her under close observation in the hospital for two weeks, giving her careful preparatory treatment for operation. October 1st, assisted by Dr. Cardwell, they opened the abdomen at the outer margin of the right rectus, breaking peritoneal adhesions about the old scar, removing about eight or nine inches of the intestine, resecting the old anastomosis, and with it a little of the ileum on one side and a part of the ascending colon on the other, making an end to end anastomosis with a reasonably large Murphy button. The patient stood the operation well, without much shock, temperature never rising above 100, bowels moved on the 6th day, and button passed on the 9th. Patient gradually improving, bowels moving naturally, and patient beginning to take solid food without any bad results.

Choice of Cow's Milk.

The paper of the evening was read by Dr. J. A. Gilbert. This paper was very thorough in all details, dealing with the subject in a scientific, as well as a practical manner. The writer divided it, placing it under two heads. First, a consideration of fifteen qualities considered to be desirable in a milk to be used as a food, infants and invalids being specially in mind. Second, a comparison of the main breeds of dairy cows, with a view of selecting the breed best adapted to fill the above requirements.

The fifteen qualities spoken of under the first heading are as follows: (1), High percentage of solids; (2), good skim milk; (3), large quantity; (4), slow creaming; (5), easy remiscibility; (6), slow churning; (7), small fat globules; (8), uniformity in size of globules; (9), slow coagulation; (10), easy absorption and assimilation; (11), good keeping qualities; (12), cleanliness and purity; (13), phlegmatic temperament in the cow; (14), healthy, rugged cow; (15), freedom from disease in cow.

Qualities of good milk. The milk of animals, as well as that of individuals of certain species, varies markedly in the quality of their respective ingredients contained therein. In stating the composition of cow's milk considerable variation must be allowed, depending upon the breed, the individual cow, the environment, exercise, food, etc.

The quantity of fat is perhaps the most important from the standpoint of total solids; with an increase of total solids, fat increases and ash decreases, whereas casein and albumin remain practically the same. That milk, therefore is as a rule the best milk which gives the largest per cent of fats. Skim milk contains nearly 10 per cent of its own weight of solids and nutritious ingredients; by the removal of the fat in the cream it loses half of its fuel value, but what is left has practically the full value of the while milk for supplying heat and muscular power, and when these facts are more fully un-

Digitized by Google

derstood, skim milk will doubtless be more fully utilized.

As a rule the large globules of milk mix poorly after separation. The small globules make a better emulsion, make finer butter, more easily digested and assimilated. The size of these globules in milk is of vital importance, and yet is not revealed to us by chemical analysis. Wing gives the size of the globules in cow's milk as varying between 1-1500 to 1-2500 of an inch in diameter, while Foster gives the size of the globules from human milk to be from 1-5000 to 1-12,500 of an inch in diameter.

To test whether milk with small fat globules would be absorbed from the intestine more easily than the large ones, the Doctor isolated a cat, feeding him once in 24 hours upon milk and water. This was done to clear the intestine of all food previously eaten. On the 4th day he was given a meal on separator milk, Jersey milk being separated on account of its large globules. The cat was killed by illuminating gas one hour and twenty minutes afterward. Chyle was then taken from the ducts of the mesentery, and the upper half of the intestine emptied as well. The fat globules were measured from both, to see if there was any preference in absorption. Three hundred and fifty were so treated and the average taken. Those in the mesentery were found to be very small and exceedingly uniform, measuring 1.6 with a variation of .31—while those found in the intestine were much larger, measuring 2.2 with a variation of .64, thus demonstrating the preference given to the smaller globules.

Dairy breeds were next considered, and after a clear demonstration of the various breeds, such as Jersey, Guernsey, Short Horn, Ayrshire and Holstein, the latter was found to be by far the best, especially so as the Holstein gave the most milk, was the more easily handled, the globules of this milk were smaller than those of other breeds, and therefore making the best cheese, butter, etc., but from a commercial standpoint they were larger, taking on fat more easily and therefore making the better beef, and yielding more profit to the farmer than any other breed in actual dollars and cents.

Discussion.

Dr. E. P. Geary commented upon the value of milk in infant feeding, as well as the practical value of the paper, in demonstrating the Holstein as the breed and proper source from which to obtain your milk.

Dr. Labbe thought that the reason why the large globules of milk were not acted upon by the infant digestion, was due to the inactivity of the pancreas before the third month.

Dr. Mae H. Cardwell called attention to the necessity of thorough inspection of milk such as is found upon the market, and spoke of the duty of health officials in seeing that the product was as pure as could be made, especially that furnished hospitals, and used in general consumption.

Dr. E. F. Tucker commented briefly upon the best method of obtaining this product, and of guarding the supply against infection. Also that he saw no reason why the child should not assimilate the larger globule as well as the small.

Miscellaneous.

The Secretary then read a letter from Dr. A. J. Giesy in reply to one previously sent him from the Society, in which the Doctor states that, thanks to an early and correct diagnosis, followed by a successful operation, he again enjoys normal vision.

Dr. E. F. Tucker, as Chairman of the Library Committee, introduced the

Digitized by Google

following resolution: That the sum of $1 be taken from the annual dues of each member and the same be placed to credit of Library Committee, said money to be used in the purchase of new books for said library. Seconded by Dr. A. W. Taylor, carried and so ordered.

Committee upon Revision of By-Laws was appointed by the President as follows: Dr. E. F. Tucker, Chairman; Dr. E. P. Geary, Dr. J. Allan Gilbert.

Dr. J. Allan Gilbert called the attention of the Society to the matter of life insurance, stating that he had resigned from some companies as medical examiner, because of their refusal to meet the raise to $5, the fee prescribed by a resolution passed by the Oregon State Society, held in this city May 15th and 16th, 1906. He stated that there were members present who had accepted these offices at the reduced rate in defiance of the adopted resolution, and further asked the opinion of the Society toward them.

This discussion was entered into by several members, and the Doctor was asked by the Secretary to kindly give him the names of such members, and that the matter would be taken up with them, and should such members further be found doing this work for less than $5, the penalty prescribed by above stated resolution would be rigidly enforced.

Upon motion, Society adjourned.

Removed to New York.—The editor of Gaillard's Southern Medicine, Dr. W. E. Fitch, has removed from Savannah to New York. From New York he will edit this well known magazine, but he promises that it will remain a distinctive Southern publication, and will continue to strive to represent the entire medical profession of the Southern states. The editor promises that the policy of the journal will be broadened along all lines. The editor's many friends in the profession wish him success in his new undertaking.

The Idaho Meeting.—The report of the last meeting of the Idaho State Medical Society, published in this issue of the Medical Sentinel, will be read with much interest. It was a good meeting, and the report shows that the members of the medical fraternity of our sister state are up to date in their appreciation of the value of society meetings.

OBITUARY.

Dr. G. S. Armstrong, of Spokane, died at his residence on the 1st of last month. Bright's disease was the cause of death. Dr. Armstrong was 48 years old. He had practiced in Spokane a number of years, and had been physician for the Spokane Falls & Northern. He leaves a widow.

The sad death is reported of Dr. H. E. Estey, of the Good Samaritan Hospital, Portland, which occurred last month. He graduated this year from the medical department of the University of Oregon, and was attached to the house staff of the Good Samaritan hospital. He contracted typhoid fever about three weeks before his death. He was a promising young man, and was universally liked.

The administration of thyroid extracts or iodides and the application of iodine ointments are only of value in recent cases of soft or parenchymatous goitres, especially in young persons.—International Journal of Surgery.

Digitized by Google

Personal

Oregon.

Dr. F. A. Lieuallen, of Helix, was a recent visitor in Portland.

Dr. C. W. Faull, of Baker City, intends to locate at Coos Bay.

Dr. J. M. Kitchen, formerly of Albany, has located at Stayton.

Dr. Henry E. Jones, of Portland, visited last month in Medford.

Dr. J. A. Reuter, of The Dalles, was a Portland visitor last month.

Dr. Thomas Parker, of Klamath Falls, was in Portland last month.

Dr. W. W. Allen, of Jefferson, is changing his office around somewhat.

Dr. J. L. Hill, of Albany, made a professional visit to Salem last month.

Dr. E. B. Pickel, of Medford, is justly proud of his orchard and farm plant.

Dr. and Mrs. E. R. Seely, of Lostine, were visitors at Enterprise last month.

Dr. W. C. Hawk, of Jefferson, was in Tillamook lately, looking for investments.

Dr. and Mrs. C. J. Smith, of Pendleton, visited in Walla Walla one day last month.

Dr. J. D. Plamondon, who is mayor of Athena, was a recent visitor at Pendleton.

Dr. W. B. Norse, of Salem, spent three weeks last month in the interior of the state.

Dr. W. C. Gilmore, of Oakland, Or., was in Portland in October on professional business.

Dr. J. Griswold, of Helix, is attending to his practice again after a pleasant vacation.

Dr. W. C. Spencer, of Huntington, was a Baker City visitor last month.

Dr. Irvine M. Smith, of Tillamook, has purchased a new gasoline launch for use on the bay.

Dr. and Mrs. Thos. McNaughton, of Elgin, attended the concert last month at LaGrande.

Dr. W. H. Booth, of Lebanon, was in Salem last month, where his daughter is a student.

Dr. B. R. Job, of Cottage Grove, has been making some improvements around his residence.

Dr. Amy Currin, of Pendleton, has accepted a position at the Radium Hot Springs, near Haines, Or.

Dr. L. Matthey, of San Francisco, has been looking over Cottage Grove, with a view of settling there.

Dr. W. J. May, of Haines, succeeded in securing the next meeting of the Eastern Oregon Medical Society.

Dr. Chas. A. Macrum and wife, of Portland, were in Mosier last month, where the Doctor owns a fine farm.

Dr. J. Griswold, of Helix, has been on the sick list, but has sufficiently recovered to look after his practice.

Dr. E. C. Dalton, who recently went to Salem, has gone to Valdez, where he will have charge of a new hospital.

Dr. F. W. Vincent, of Pendleton, was a recent visitor to Portland, where his family are spending the winter.

Dr. G. P. Edwards has moved with his family to Florence. He was welcomed by the people of that flourishing town.

Digitized by Google

Dr. J. A. Best, of Pendleton, has some property interests in Klamath Falls, which he goes to look after occasionally.

Dr. J. J. Leavitt, of Molalla, has sold his farm to Nebraska parties, and it is reported will make Portland his home after this.

Dr. A. C. Smith, of Portland, has been honored by re-election as national committeeman from Oregon of the United Irish League.

Dr. Ernst A. Sommer, of Oregon City, has written to his friends from Berlin, Germany, where he and Mrs. Sommer will spend the winter.

Dr. George Ainslie, of Portland, spent a few days early last month at Corvallis, and it is reported that some unfortunate chickens ran in his way.

Dr. Alex Corpron has left Medford and gone with his family to India, where he will have charge of a hospital supported by the Methodist church.

Dr. Chas. H. Francis, of Haines, during his vacation, had his office kept open by Dr. W. E. Smith. When Dr. Francis returned, Dr. Smith came to Portland.

Dr. F. H. McKeon, who has been federal quarantine officer at Astoria for some time, has gone to San Francisco to assume his new duties in the same service.

Dr. Alex Patterson, of Lakeview, went to California with his family last month. The Doctor intended to return shortly, but to leave his folks in the southern state.

Dr. E. N. Crockett, of Portland, helped to kill a bear last month in Patton Valley, Washington County. The bear refused to take to a tree, but tried to elude the doctor in another way. But he was not wary enough. He weighed (including the lead) 300 pounds, and measured six feet two inches from tip to tip.

Dr. O. F. Bodkin and wife are making an extended trip in the East. They expect to spend the winter months with their daughter, Mrs. W. W. Sebray, of Philadelphia. While en route they stopped at Chicago, Buffalo, Niagara and Boston. Upon their return trip they will visit in Cincinnati, St. Louis and their old home in Illinois. They will reach their home in Portland in the spring.

Washington.

Dr. R. S. Hunter is a new physician at Hoquiam.

Dr. Hannibal Blair, of Elma, has had his house and hospital painted.

Dr. H. M. Moser has moved from Pe Ell to Centralia.

Dr. S. M. Wendt, of Castle Rock, was sick abed part of last month.

Dr. C. W. Bales, of Kelso, was a Portland visitor last month.

Dr. I. N. Power, of Cle Elum, was a visitor in Ellensburg last month.

Dr. Chas. H. Day, of Dayton, has just completed a more commodious office.

Dr. and Mrs. O. L. Adams, of Sprague, were Colfax visitors last month.

Dr. J. W. Ingram and wife, of Walla Walla, have moved to Marshfield, Or.

Dr. Y. C. Blalock, of Walla Walla, attended the county fair at Pendleton and liked it.

Dr. B. J. Ellis, who was formerly practicing at Reardon, has moved to Bend, Oregon.

Digitized by Google

Dr. Chas. E. Keeler, of North Yakima, is out again after a time spent in the local hospital.

Drs. Kulp and Knapp, of Wenatchee, have just moved into more commodious offices.

Dr. and Mrs. A. A. Sutherland, of Blaine, attended the New Westminster exposition last month.

Dr. Patrick S. Byrne is said to be a whirlwind of a candidate for congress on the democratic ticket.

Dr. Payne has succeeded Dr. Porter at Roslyn. Dr. Payne has just returned from a trip to Europe.

Dr. D. H. Angus, of Prosser, has purchased some property in Sunnyside, which he proposes to improve.

Dr. E. E. Shaw, of Walla Walla, went last month to Rochester, Minn., with his sister, who is receiving treatment at the Mayo hospital.

Dr. C. J. Lynch, of North Yakima, was the victim of a sneak thief last month who stole a number of his instruments and his entry ledger.

Dr. G. E. Howe, of LaConner, and Dr. R. J. Cassell, of Mt. Vernon, attended the Anacortes meeting, and went to and fro in an automobile.

Dr. C. T. Dulin, of North Yakima, has accepted a government position, and will soon take charge of the government hospital at Whipple Barracks, Arizona.

Dr. P. S. Byrne, of Spokane, is running for congressman on the democratic ticket, but his friends say that he is not neglecting his practice to any extent.

Dr. Clarence F. Schiltz, of Dayton, was the victim of a burglar last month, who broke into his house in the night, and stole what money the doctor had in his clothes.

Dr. W. A. Mitchell, of Colfax, went off last month for a two weeks' hunt to Lake Chelan and the Cascade mountains. Mountain sheep were what the doctor had a particular appetite for.

Dr. W. James Howells, of Spokane, was recently married to Miss Mary G. Bannon. The Doctor has built up a good practice in Spokane since his retirement from the State Hospital at Medical Lake.

Idaho.

Dr. C. C. Warner has removed from Burley to Bidvale.

Dr. W. D. Springer, of Boise, visited the fair at Caldwell last month.

Dr. F. D. Watts stepped over the Oregon line last month from Coeur d'Alene, on business.

Dr. W. W. Webb, of Coeur d'Alene, has had a serious time in the hospital at Spokane with the typhoid fever.

Dr. Chas. L. Gritman, of Moscow, has an automobile, and recently came near having a mixup with a fractious team.

British Columbia.

Dr. D. L. McAlpine, of Vancouver, met with a painful accident last month. He was knocked down by a street car, and picked up in an unconscious condition. He suffered two severe scalp wounds, but it is hoped that he will fully recover.

Digitized by Google

MEDICAL SENTINEL

DECEMBER
1906

Volume XIV **Number 12**

Notes

The hospital authorities at Vancouver, B. C., have decided that hereafter they will put a stop to the nuisance that has been caused patients by the distribution of Christian Science pamphlets among the patients.

The city authorities of Bellingham, Wash., have been severely criticised by the County Health Officer, Dr. Martin, for not enforcing the quarantine against scarlet fever and other contagious diseases.

The proper authorities of Portland have been busying themselves lately, in striving to rid the city of "doctors" who take fees from sick people, without first having obtained the proper authority to practice medicine.

The new building at Medical Lake, for the care of the insane of Washington, is nearly ready to be opened. There are now in the hospital 336 men and 164 women, and the wards are overcrowded. The new building is a four-story brick and cement structure.

Poked Fun at the Students.—The Salem papers poked fun at the boys in the medical college there, who went on a strike because they professed not to like one of the instructors. As such outbreaks usually end, the students found that the faculty were running the institution.

The Lane County Medical Association held an interesting meeting at Cottage Grove on the 3rd ult., at which Dr. Hockett read a paper on "The Physical Diagnosis," Dr. Jayne one on "Alkaloidal Treatment," and Dr. Kuykendall one on "Gynecology." A pleasant time was had at the banquet afterwards.

Our neighbors in British Columbia have a tartar to manage in the

Digitized by Google

person of Dr. Robert Telford. The Medical Council have taken away his license, but he announces that he will continue to practice anyhow. We mistake the temper of the spirit up in the region of Victoria if they do not make it mighty interesting for Dr. Telford.

At the Puyallup (Wash.) Civic Club recently, a very interesting address was delivered by Dr. W. M. Karshner on "The Germ Theory, as Especially Applied to House Sanitation." The subject was treated in a popular and practical way, and some excellent hints given the members of the club, and their friends, on how to rid dwelling houses of harmful germs.

Eugene, Or., which has had more than its full share of trouble from impure water supply, has lately been up at arms because the local water company was reported as taking steps to take water again from the same source that caused a typhoid fever epidemic last winter. The physicians and business men have been loud in their denunciations of the action of the company.

On the 20th November a meeting was held in Tacoma, at the Tacoma hotel, under the auspices of the Pierce County Medical Society, for the purpose of effecting a strong organization against the spread of tuberculosis. One of the chief purposes of the organization is to secure the establishment, at public expense, of a sanatorium for the treatment of this disease, in accordance with the most approved mehods.

In many states an effort will be made the coming winter to secure the passage of laws relating to the gathering of vital statistics. The money is wasted in some states, because of the inefficiency displayed, and because the law does not go far enough. The United States Census Department has made some excellent suggestions to the different state authorities as to this matter, and the law suggested will do much in securing uniform statistics that will be of value.

One argument used why the Pacific states should have the most approved method of keeping vital statistics, is that the healthfulness of these states cannot be established to the complete satisfaction of Eastern people so long as the system of gathering statistics is defective and unreliable. We want the census department of the United States to give us credit for the low death rate and the general healthfulness of the climate. It will not give us proper credit under the present haphazard scheme of gathering information.

Digitized by Google

Impure Water in Ice.—It is a sad commentary on the avarice of some human beings, the fact that ice makers in Portland have been in the habit of using Willamette river water for the manufacture of ice. The fact that there are typhoid germs in this water does not make a particle of difference to them, provided they can get this water cheaper than that supplied from Bull Run. Everybody knows that typhoid germs are not killed by freezing, but lie dormant and become more active when thawed out, after their temporary imprisonment. The State Board of Health is following up the matter, and it is gratifying to realize that they will speedily effect a reform.

Letter from Dr. Cauthorn.—A very interesting personal letter has been received from Dr. Cauthorn, who is now in Puebla, Mexico, attending to his new duties. The city in which he lives is 7000 feet above the sea, "and it is in full view of several snow mountains, one of which is enough like Mt. Hood in shape to be a twin sister. The intervening valley in which Puebla is situated is as fertile as the Willamette Valley, and a most beautiful country indeed. Fresh water and sulphur springs are bubbling up everywhere, and the water is conveyed away in irrigating ditches to be used on the farms and gardens. There is a sulphur spring in one of the plazas here that throws a solid ten-inch stream. I have met several of the Mexican physicians, and they impress me favorably."

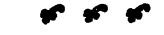
Some of the papers in the eastern part of the state—notably at Pendleton—take no stock in the objection raised to the establishment of an open air sanitarium for tuberculosis, that it will be a Portland "graft." So far no Eastern Oregon physicians have been found who look at it that way. In fact, they are all in favor of the location of such an institution, somewhere, where the conditions are the most favorable. With such conditions prevailing, there will be found a way for patients to get to it. Dr. C. J. Smith, of Pendleton, is an ardent supporter of the measure to be brought before the legislature, and he has expressed himself as in favor of its location in Eastern Oregon, or some central part of the state, "where the rainfall is less than it is at Portland."

The Portland Academy of Medicine, with Dr. S. E. Josephi as its first president, and Dr. A. E. Mackay its secretary, has been established for purposes of scientific work and research. It is the intention to limit the membership to fifty members, the charter members having all practiced in Portland at least fifteen years. The constitution provides that members shall have practiced at least five years in the United States, or taught in a medical institution. The December meeting will be the one in which organization will be completed. Regular meetings are intended to be held on the second Thursday of each month. One of the objects of the Academy will be to found a medical library. Its promoters expect that the profes-

Digitized by Google

sion of the city will reap substantial benefits from the establishment of the society. It will in no way conflict with the work of the City and County Medical Society.

The Washington State Board of Health, through its Secretary, Dr. E. E. Heg, of Seattle, makes some excellent suggestions to the forthcoming legislature as to proposed amendments of the laws governing the state and county boards of health. He wants city and county health officers to have annual conferences; the state board of health to take control of all domestic water supply and water sheds, and approval of sewage systems; the establishment of a hygienic laboratory and experimental station in connection with water supplies and sewage purification, and for the prompt and absolute determination of contagious diseases. He would have the board distribute, free of charge, diphtheria anti-toxin and vaccine; he would have an outdoor sanatorium established for the treatment of cases of tuberculosis; would have the state board given power to regulate logging and other camps, which may be a menace to the health of the general public. These are excellent suggestions, that are valuable not only to Washington, but for other states also.



Insurance Examinations.—Commenting upon the effort of the insurance companies to cut the rates to be paid doctors for examinations of prospective policy holders, a correspondent calls attention to the peculiar fact that this should come at just the time when prices of everything have advanced, and when it costs the physician, as well as everyone else, more than ever to feed, clothe and house his family. Another fact is called up, namely, that most of the companies that have resorted to this questionable measure for economizing, have been shown up in a poor light, when they have been examined. As a rule, the business men with whom the physician does business, fix their charges for the goods they have to sell. The physician does not go to the railroad company and tell how much he will pay for a ticket to a proposed destination; nor to the grocer and tell him how much he will pay for the groceries he needs at his house. There should be a mutual understanding between the insurance companies and the physicians as to the price to be charged by the latter for examinations, and if it takes something of the trades union order of things to secure this mutual understanding, then that is what should be called into use. Locally, the profession has not sufficiently come together on this point to carry its point, and some of the companies seem to be willing to resort to any methods in order to get cheap service. They should be properly exposed, and it is the duty of the local society to do the work.

Digitized by Google

Editorial Notes

Did Not Give Us Credit.—It is rather mean for our esteemed contemporary, the Vermont Medical Monthly, to take one of our editorials and credit it to a "Western Contemporary." This particular editorial illustrated a point that the Medical Monthly desired to make, and it should have given the full credit which the article was entitled to. The West is a large section, and we have many "Western contemporaries."

Bad English.—A correspondent raises the very pertinent inquiry why physicians, whose general education is certainly above the average of human beings, use such English in discussions and papers, as "the patient has no temperature." What they mean, of course, is that the patient had no rise of temperature above the normal, but why not say so? It might take a few extra words, but to say that a patient had no temperature would certainly mean, if words mean anything, that the temperature was at zero. Presumably there will always be slipshod English used, even by those who know better.

Caring for Consumptives.—Some of our lay contemporaries have a way of seeing only one side of a question, and they denounce a proposition before they have informed themselves as to its merits. Here is one Oregon paper denouncing the proposition to have the legislature appropriate enough to establish an open air sanitarium for the treatment of tuberculous patients, on the ground that it is "another Portland graft." It is claimed that the establishment of such an institution would "make the state a dumping ground for consumptive patients from other states." The suggestion is made that, on the same theory, the poor farm in Multnomah County would be a dumping ground for the ne'er-do-wells that inhabit the country. Judging from articles that one reads in the public prints, each state is willing to take care of its own sick. There is no desire shown, so far, on the part of the authorities of any state to use a sister state for a dumping ground. The consumptives are as much entitled to public care as are the insane. Many of them are weak in body and empty of pocket, and it is for such that it is proposed to establish an institution by the state—not necessarily at Portland, but somewhere, where the best of treatment according to the most approved methods may be administered. The effort to establish such an institution is merely the effort on the part of a community to systematize the efforts of the strong to care for the weak, and for those who have humanity in their hearts, to provide for the helpless.

Milk Certification.—The milk commission appointed by the King County Medical Society, at Seattle, is doing excellent work, and its example can well be followed in other localities. It finds, as of course it would, that the milk dealers are apathetic, and do not want to assist in bringing about the reforms that the commission suggests. The names of the doctors composing the commission are not made public, for very excellent reasons, but they are doing much good. In their report they say that but one producer showed the least willingness to attempt the production of milk under the rules suggested by the commission, and this one, for reasons unknown, then refused to sign the proposed agreement. The report states that most of the milk used in Seattle is 24 hours old

Digitized by Google

when it reaches the city. In most instances it goes to a central depot for bottling and is sometimes pasteurized before bottling. Occasionally the bottling is done in the wagon, at the time of delivery. The commission believes that there is a demand in the city for a superior quality of milk at an enhanced price. The commission believes that "certified" milk should be sold, under a certificate of purity. What puzzles the commission is the apathy shown by the dealers at the proposition of selling certified milk. It is hoped that the commission will continue its good work, and achieve substantial results.

The Washington Insane Hospitals.—Perhaps as a result of the criticisms that have been made of the way the hospitals for the insane have been conducted in Washington, Governor Mead requested members of the State Board of Health to inspect the institutions, and make such reports as they deemed proper. The reports have been made. The reports on the Fort Steilacoom institution are made by Dr. Elmer Heg, Secretary of the State Board of Health, and Dr. James R. Slocum, another member of the board. The report on the Medical Lake institution is signed by Drs. N. Johnson, P. Frank and J. M. Semple. A number of suggestions were made as to the management of the last-named institution, and it was recommended that a radical change be made in the treatment of the insane, and the superintendent given more assistants for the executive work in order to permit him to devote more time to study and consultation. More physicians and more attendants are recommended, as is also the creation of a consulting and visiting staff for the institutions. The admission of adult idiots and imbeciles to the hospitals is recommended.

In his report of the Western Washington hospital Elmer E. Heg recommended the increase of the medical staff by two or three members, including a physician of extended experience as an alienist. In this connection he states that while finding Superintendent Calhoun and his assistant careful and conscientious physicians, he did not believe "in either case their opportunities had been sufficient nor their experience broad enough to justify placing upon either of them the responsibility of directing the care and treatment of patients of this institution and then expecting them to obtain the best results."

Dr. Heg found the non-professional attendants ample in the mild wards, but insufficient in the violent wards. In the matter of surgery appliances and laboratory apparatus he found the institution totally deficient. Dr. James R. Slocum's report is highly commendatory of the administration of the institution. He likewise condemns the lack of medical attendance provided for the institution. The superintendent he praises as by far the best superintendent the institution has had since Drs. Waughop and Redpath were there.

Our Good Times.—We are having very good times these days. The railroads are all busier than ever before. The lumber mills are running day and night, and if they could only get cars enough, they would be in the thickest kind of clover. The machinists, employer and employed, have more than they can do in the eight hours they work. The newspapers and other periodicals are full to overflowing with paying advertising. The printers are grown saucy, and have put up prices on most of what they do. They have to pay bigger wages, and larger prices for paper, ink and

Digitized by Google

other materials, and the rent man has been around and boosted their rent. And so it goes all through the line, the dollar having depreciated in value, and everything that the dollar buys has gone up. How fares the doctor? Has the fee scale gone up? He certainly has to pay more for most things that he buys. It may be that more patients go to him than formerly, and fewer fly to the patent medicine shelf, but if so, there are more doctors per thousand of population, to do the business. Are his collections better than formerly? The banks and money lenders report that their old notes are being paid up with marvellous alacrity. Sometimes we fear that the doctor is not sharing in the prosperity as he should, unless he happen to be engaged in some side lines; perhaps in the ownership of real estate properly located, where values have advanced materially, or in some other business which has no connection with his profession. Is it not a fact that some members of the profession do not, in their inmost hearts, regard this prosperity as being an unmixed good, all things considered?

Not Fit to Marry.—Some months ago a case appeared in the King County (Wash.) court, in which a young woman named Grover sued a man named Zook for breach of promise of marriage, and secured a verdict for heavy damages. The defence was that the defendant and plaintiff were both afflicted with tuberculosis of the lungs, and that although the promise had been made on the part of the defendant to marry the plaintiff, such a promise was not binding, considering the physical condition of the parties. The jury before whom the case was tried did not agree with this theory of the defendant, and heavy damages were awarded. But the supreme court of the state, which was appealed to, takes a different view, and decided in favor of the defendant. The court holds that such an agreement between a man and woman thus afflicted is not binding upon either, and that either may withdraw therefrom without being liable in damages for breach of promise. The decision is based solely upon the ground of public policy—regard for the health and happiness of all concerned, and particularly in consideration of unborn children. The court says: "The paramount consideration involved in the determination of this case is not that appertaining solely to the parties in this action (although as to each of them it is of great importance), but it is as to the community, the state and to humanity in general. Here we have a man and woman engaged to be married. The man is of a family several members of which have died with pulmonary consumption. The woman is afflicted with the same disease to such an extent that it becomes necessary for her to go to a distant portion of the country to recuperate, which she does, returning with the affliction still upon her and with small, if any, assurances of recovery. One of the most important functions of wedlock is the procreation of children. Offspring are the natural result and ofttimes the chief purpose of marriage. . . . That a mother seriously ill with pulmonary tuberculosis and a father with a hereditary taint thereof in his blood could bring forth a child exempt therefrom is unbelievable. For parents thus afflicted to bring into the world a child would not only be detrimental to the welfare of the state and an offense to the instincts of humanity, but it would be, as against the innocent babe, a moral wrong most abhorrent. In declining to carry out his promise of marriage, it may be presumed that appellant apprehended the natural and legitimate consequence of such a union."

Digitized by Google

THE MEDICAL SENTINEL

HENRY WALDO COE, M. D. Editor
PORTLAND, OREGON

With the Collaboration of the Officers of The State and District Medical Societies of Oregon, Washington, Idaho, Montana and Utah.

Address all communications regarding papers, subscriptions, advertising or business matters to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon

MAINTAINING THE INTEREST.

No better work can engage the attention than that of interesting the physicians of the country in organizing. But there is, side by side with this original work, need for maintaining the enthusiasm of the individual members of the societies that are already organized. In the medical profession, in many localities, there is a lukewarmness towards the societies that have been already organized. The medical society starts off with enthusiasm; there is a healthy interest in the meetings; excellent papers are read and valuable discussions take place. Unlike a church, the success of which depends a great deal upon the preacher, the success of a medical society depends almost altogether upon the individual members. The President is not the man to be held responsible. He does his share, perhaps, in outlining the work of the year, in securing subjects for discussion, and in procuring the right men to write papers. But after this is done, the society must pretty well run itself, and the members themselves must maintain the interest.

Human nature is very much alike wherever one finds it. A medical society, an art class, a church, a musical association, a secret society gathering—all these things start off, frequently, with great eclat. They interest many minds, and the members determine that they will attend regularly. But after a bit the interest palls. Perhaps one's feelings have been hurt in a discussion. Perhaps one's ideas on a given subject have been unceremoniously sat down upon, until one tries to convince himself that he can stay at home and read an article that will give him better information than he can get at the meeting. Many an erst-while good church-goer says that he stayed at home and read a sermon, and got more good out of it than if he had been in his pew. And yet we know that there is something more in going to church than hearing a sermon; more in going to a medical society meeting than hearing the paper of the evening read. There is the power of the meeting and the discussion, to stimulate men to their tasks. Much far-reaching constructive work is performed under the stimulus of an organized society. As has been truly said recently by Dr. J. M. Anders, of Philadelphia, "the asso-

Digitized by Google

ciation of men together leads to the establishment of relations which play no minor part in their mutual advancement. Organization means progress, not alone to the individual member, but to the profession, for by organization the profession gains added weight, influence, dignity and honor."

Then, when the society sets out to secure the enactment of municipal or state legislative enactments, it is so much greater a force than if the work be undertaken by individuals. The doctors must set in motion the forces that will more properly care for the consumptive poor; that must protect the people in their water supply and sewage disposal; that will remove the dense ignorance which prevails as to the means to be adopted to prevent disease. The society is one of the means for accomplishing this purpose, and the stronger and more representative it is, the more can be accomplished.

Whenever we read in a medical contemporary of the lack of interest shown by doctors in their local or state society, we understand that they are very much like other members of the human family. They are liable to lose interest in what their intellect tells them is a good thing. The novelty wears off, and this wearing off of novelty comes on in due course at whatever age the person may be. The only thing is that the mature individual is guided more by his reason, and his knowledge of what is best to do, than is the boy who is tired of his new toy. Grown men and women know that the society to which they belong, if good and helpful, should be maintained at the proper pitch; and this is as important as that it should have been originally formed.

THE ARMY MEDICAL BILL

There is every reason to hope that at the forthcoming session of congress, the Army Medical Bill will become a law. It will be remembered that this bill, which seeks to promote the efficiency of the medical department of the army, was approved by the Secretary of War and the general staff; President Roosevelt gave it his hearty approval; it passed the senate and was approved by the house committee with a slight amendment, but Speaker Cannon would not permit it to be acted upon before the last adjournment. The Speaker has no objection to the bill, and its friends are assured that it will again come up and be passed.

The Medical Sentinel has repeatedly called attention to the needs of the Medical Corps, and from motives that were entirely patriotic, has sent a great deal of printed matter touching this subject to members of congress, and others whose interest and influence was regarded as being desirable in the premises. Surgeon General O'Reilly and his staff, from motives of the best—the improvement of the service—have, as far as they could, enlightened the members of congress in regard to the matter, and they have sought to do all within their power to remove the odium which attaches in the eyes of other nations, to the medical department of our army. When the measure now be-

Digitized by Google

fore congress becomes a law, a great step in advance will have been made, but even then we may expect that other progressive steps will have to be taken before we can take a place much in advance of some other enlightened nations in war times.

PHYSICIANS AND THE TELEPHONE.

In other cities than Portland, the subject of telephone monopoly is being discussed, and the physicians are invited to take a hand therein. In Denver, in particular, the medical journals and the physicians have been requested to investigate the matter, and committees have been appointed for that purpose. There has been much argument, pro and con. Most of the doctors deplore the fact that with telephone competition they will be compelled to install two telephones instead of one, with double expense. On the other hand, it is urged that the old telephone company—here and everywhere else—gets insolent when complaints are made, and no competition is in sight, and that, much as competition in this particular public utility is to be deplored, it is the only thing that will ensure a good service. In Portland the matter was mentioned at a late meeting of the local medical society, but no action was taken, for it is apparent that such an action would be futile. The new company is here, and almost ready for business, and it clearly is the individual who must decide whether he will have both telephones installed in his office or house, or only one, and if so, which one. No concerted action can be taken, or would be advisable. The general view of the physicians, not only in Portland but elsewhere, seems to be that the average telephone company which has everything its own way fails to make such improvements as the growth of the community calls for; there is too much of a tendency to intimate, when complaints are made, that if the service is not satisfactory, the phone can be ordered out, and so many things occur every day that make the patron wrathy that he wants competition for self-protection. On the part of the company, on the other hand, it has much to encounter. In the very nature of things, it takes a great deal of time to put in new apparatus, and extend the service to keep pace with the times. The head officials are largely at the mercy of employes, who are liable not to be as courteous as they should be. Portland is to have the automatic system, and the overwhelming vote by which the people determined to give the new concern a franchise, would certainly indicate that the old company was somewhat to blame for the public feeling that existed. If the old company had shown as much disposition to treat its patrons well before the new company gots its franchise, as it has done since, there might be no competition now in sight. We congratulate the old company on its improved service, and on the improvements it is making, and feel assured that if it keeps up its present gait, it will leave little room for complaint. What the new company will do for us remains to be determined by experience.

Digitized by Google

PREVENTION OF VENEREAL DISEASES

By J. M. TAYLOR, M. D.
Boise, Idaho

Read before the Idaho State Medical Society, October 4, 1906.

This subject is of especial interest, because of its importance as a feature of preventive medicine, and because of the peculiar difficulties attending the successful solution of the problems involved. It seems that only within the last ten years has the medical profession of America awakened to anything like a due appreciation of the dangers to public health resulting from these diseases, or to a realization of the extent of their prevalence.

In preparing this paper only recent current literature was considered, and it was found impossible to cover even the small portion of that available, so extensive has been the discussion of the subject.

For the benefit of those who have not looked into the subject, a few quotations from leading authorities are given, to emphasize the importance of the question and show the attitude taken and the principal suggestions offered.

Valentine says: "Eighty per cent of all women who die of diseases of the reproductive organs are victims of gonorrhea of which their husbands imagined themselves cured."

J. G. Clark says: "Fifty per cent of his operated cases (gynecologic) are gonorrheal in origin."

E. P. Davis says: "Five to 10 per cent of all his hospital cases (gynecologic) are gonorrheal."

Joseph Price says: "Ninety per cent of pelvic inflammatory cases (gynecologic) are of gonorrheal origin."

Richard C. Norris says: "Eighty per cent of his dispensary cases (gynecologic) are gonorrheal.

Barton Cooke Hirst says: "Eight per cent of the better class of his private patients and probably 75 per cent of hospital and dispensary cases are venereal.

The above quotations from five prominent gynecologists of Philadelphia are estimates from their own practice, given by Dr. Wilson in the current volume (XLVII) of Journal A. M. A., page 31.

Dr. Robt. N. Willson, in the article just referred to, says: "Not less than 50 per cent of the young men of our land are infected with venereal disease before reaching the 30th year."

These and numerous other statements of like import, from prominent medical men, give some idea of the conditions and the urgent need of something being done, and that right soon. Medical men are by no means agreed as to the best method of securing the desired

Digitized by Google

results; but by frequent discussions at society meetings and through the journals, progress is being made toward a theoretic solution of the problems involved, but very little can be done yet in a practicai way, except by individuals, since it requires time to agree on working plans and put them in operation. Old methods that have failed are still being suggested, and even tried in places, probably because of ignorance of the history of former efforts and their results, or rather, lack of results.

For a better understanding, some of the suggestions offered by a few of the prominent writers on the subject will be presented:

Denslow Lewis, at the A. M. A. meeting in 1901, said, among other things: "Children should be taught, before puberty, the dangers of improper sexual relations, both from moral and physical standpoint; hospitals should be provided for the proper treatment of venereal patients."

At the same meeting Dr. Valentine said: "(1) The state should include in reportable diseases all contagious venereal ailments; (2) sufficient hospital and dispensary service should be established to separately treat venereal diseases; (3) prostitutes should be segregated in certain districts; (4) those that can be reached by law should be regularly examined; (5) circulars of instruction should be issued to prostitutes themselves and to every male who enters the district."

In 1901 a committee of seven, appointed by the New York County Medical Society to report on the Prophylaxis of Venereal Diseases, suggested: "Segregation of prostitutes; a law raising the age of consent and protecting minors; additional authority to the Board of Health; tentatively penalizing the transmission of syphilis; education of the young in schools regarding the serious character of venereal diseases; greater caution on the part of physicians in giving consent to the marriage of those having specific urethritis; more scientific treatment of these diseases; discouragement, in every way, of the advertising of 'infallible cures.'"

Marschalko, writing in 1901, though a believer in regulation, expected from it very little result as regards the spread of syphilis and none as regards the spread of gonorrhea, because of the imperfection of any system yet applied. He recommended individual prophylaxis by the Crede Instillations.

Dr. Gould, in American Medicine, after criticising very severely the work of the Committee of Fifteen, appointed by New York City, no member of which was a physician, says: "Why have none of these moralists, regulationists, etc., not suggested the trial of legal punishment of the criminal who wilfully gives another a horrible disease. It should be an all sufficient ground for divorce. Marriage of such patients should be interdicted. Forty-one per cent of all pelvic inflammations in women are pronounced due to supposedly cured male gonorrhea; 50 per cent of all sterility due to husband's gonorrhea. No insurance company should be allowed to give a policy to any person who has or ever has had venereal disease. Why should syphilis and gonorrhea be omitted from the reportable infectious diseases? Surely they are highly contagious and ruinous. Why should the

Digitized by Google

public spare its worst enemies, the breakers of the most primary laws of ethics and pathology?"

This lengthy quotation is given as an example of the manifest inconsistency of many who discuss the subject. How about "legal punishment" of the husbands who cause the 41 per cent of pelvic inflammations? Men don't wilfully infect their wives. And how about reporting all these innocent cases? Then, too, prostitution is as much a breaking of the primary law of ethics, as is the transmission of venereal disease. Why, then, should prostitution be legalized under the name of regulation, segregation, police supervision, etc.? Further, if the physician reports his venereal cases, how many will he have to report and who will do the treating?

Dr. Bailey, in the Boston Medical and Surgical Journal, Vol. CXLVI, says: "Gonorrhea is the most widespread of all diseases except measles, and 10 to 20 per cent of women are infected after marriage, and 26 to 30 per cent of adult blindness is due to gonorrheal infection of the infant. Attempts to suppress prostitution show its futility. As to regulation, opinion is divided. Practically, it results in clandestine prostitution with increase of disease, except in case of armies. Professional prostitutes constitute only a small minority of the source of infection. Regulation does not reach clandestine prostitutes or male spreaders of disease." These last statements are endorsed by other authorities and, if true, then regulation is worse than a failure, because it legalizes, and in a manner, protects the very worst form of vice. Dr. Bailey speaks of the need of the education of the young of all classes in regard to sexual matters. He, too, suggests making a penalty for conveying these diseases, and requiring examination to obtain permit for marriage.

Spencer, of San Francisco, writes on this subject: "Each of the European countries that have tried regulation, admits serious defects. Inspection, under most favorable circumstances, does not offer absolute security. The males affected are not regulated. The system places a premium on secret prostitution, because of enforced isolation when infected, thus greatly increasing the likelihood of the spread of disease." He says moral considerations should be relegated to second place in dealing with these questions.

Prof. Neisser, in his paper before the International Conference, in 1902, said: "The most important and most efficient means of preventing the spread of venereal diseases is by familiarizing the public with the dangers and importance of these maladies. Above all, young men should be instructed that, not only are chastity and continence not detrimental, but these attributes are desirable from a medical point of view." If this be true, then prostitution is certainly not a "necessary evil" as even some medical men would have us believe.

Heidingsfeld, of Cincinnati, gives his experiences in that city, showing quite conclusively that legal control of prostitution does not materially affect the spread of venereal diseases.

Ludwig Weiss, Secretary of the Committee of Seven of the New York County Medical Society, says suppression of prostitution is impossible, but gives rather ancient history in proof. He admits that

Digitized by Google

regulation is unsatisfactory and un-American, in that it is an "infringement of private rights, restriction of personal liberty, etc." He seems to forget that "restriction of personal liberty" in so far as it tends to conserve the good of the community is very distinctly American. But regulation is un-American, in that it legalizes and in a manner protects vice, and still more un-American in that the male "prostitutes," who outnumber the female fivve, or perhaps ten to one, are not regulated. Such regulation has no place in the 20th century.

Neisser recommends teaching individual prophylaxis by instillations, admitting that some will condemn this teaching on the ground that it removes the fear of infection as a prophylactic agency. Weiss says that the moralist's objection to this teaching is untenable, because it is no more immoral to teach prophylaxis by instillations than to treat uterine hemorrhage after a case of malpractice. This is strange reasoning. There is no moral question involved in treating such hemorrhage, any more than there is in treating a case of gonorrhea. Teaching Prophylaxis by instillations is, morally, parallel with teaching methods of preventing conception, which, sad to relate, some physicians are openly advocating and many others privately.

What, then, is to be done?

Regulation is worse than failure, because, while admittedly failing in the prime object, it legalizes and protects vice, thereby preventing the proper moral education of the youth of the land, the necessity for its existence being implied in its open toleration.

Penalizing transmission is all right in principle, but would apply practically in very few cases, because in a large proportion of cases the transmission is, at least, not willful, and in the vast majority of others, financial irresponsibility would preclude any help for the victim.

Teaching of individual prophylaxis by instillations ought not to be considered. Such prophylaxis is not comparable with that against any other disease, because of the moral principle involved. As a profession we have no right to encourage, or even countenance, any form of vice. What is gained if, by such means, venereal disease be entirely eradicated at the expense of moral leprosy? Dr. Howard Kelly reminds us that this vice has caused the fall of nations. Shall we, by false teaching, or even by indifference, endanger ours?

All writers seem agreed as to the importance of education, especially of the young, regarding the serious nature and the prevalence of venereal diseases, and this is, undoubtedly, the most powerful prophylactic agency. When the truth is known, unquestionably, the fear of infection and its physical consequences will be the most helpful guard against exposure. But the moral teaching will also have its weight. More than that, in dealing with the question, it is absurd to ignore the moral aspect, as some prominent writers suggest, because the moral principle involved is the sole reason why these diseases have not been and cannot be treated as other contagions. Dr. Morrow says: "The office of social hygiene is not simply to protect the existing population from disease. It embraces in its objects the welfare of the descendants, who are destined to continue the race."

Digitized by Google

This applies to the moral welfare as well as physical. The importance, or even the idea, of the effect of these diseases on the young and on future generations, seems to have escaped those who ignore the moral phase of the subject. Dr. Robt. N. Willson, of Philadelphia, begins a recent article by saying: "The social evil, as a moral abstraction, does not concern the physician except as an individual and a citizen." Then he proceeds to ask a number of questions as to why such conditions do or do not exist, relative to these diseases, all of which may be answered by saying: "Because this is a moral question and cannot be rationally treated while ignoring this fact."

Suppression of prostitution must be a part of the plan for controlling venereal diseases, if it is to be effective. No one will claim that suppression will wholly prevent prostitution, nor will it have any marked influence on those individuals whose habits are formed; but the education of the young is incomplete unless there is held up before them the shame and disgrace, as well as the danger of such associations. Those who say suppression has failed get their proof from rather ancient history. No recent efforts toward suppression, except on a small scale, have been more than spasmodic. This is preventive medicine. Don't forget that we are not trying to reform harlots and libertines, but to save the children. It will take at least one generation to eliminate those to whom habit has already made the "Social Evil" a necessity.

Besides education of the young, physical and moral, there should be an effort made to eliminate, as far as possible, those social and economic conditions which tend to favor illicit relations of the sexes, such as starvation wages paid to women in many occupations, the mingling of the sexes in factories, the overcrowding in tenement districts in large cities. And one other thing, the importance of which cannot be overestimated, reference to which was only noted once in the literature available, and that was by Chairman Denslow Lewis in his address before the section on Hygiene and Sanitary Science at the Boston meeting of the A. M. A. This is the effect of the unrestrained liquor traffic on the venereal plague. "Wine and women" is a proverbial phrase, the import of which we all understand only too well. The saloon and brothel are intimately associated. The man or boy with a few drinks does not care particularly whether the woman he visits is clean or not.

More efficient treatment of infected cases is, of course, very important, but very difficult because of the ignorance, carelessness and indifference of patients themselves. They begin treatment and quit as soon as symptoms disappear.

In conclusion, then, the most important thing is the education of the young; first, as to the physical dangers of venereal disease to self and family; second, as to the moral effect, on self and society, of personal impurity. This last, to be effectual, must be supplemented by suppression of prostitution as far as possible. Lastly, the regulation and bettering of those social and economic conditions which degrade women and thereby favor the making of prostitutes.

I would like to refer those interested to the articles by Morrow, Kelly and Bulkley in the Journal A. M. A. March 4, 1905.

Digitized by Google

THE THERAPEUTIC LIMIT OF MECHANICAL THERAPY.

By SUSAN E. BRUCE, M. D.
Lewiston, Idaho

Read before the Idaho State Medical Society, October 4, 1900

Case. Mrs. M., 60 years of age; a widow, mother of one child; never was pregnant but once. Had a normal delivery, no lacerations of any kind, no history of any disease peculiar to women, or any other dyscrasia. Passed her climacteric at 45, with a minimum of discomfort, and settled to what might have been a ripe old age. Her physiological condition or habit was constipation. She could not remember a time when her bowels moved every day. Suffered no inconvenience except that of using a mild cathartic. About six months before I saw Mrs. M. she was advised by a friend to take a course of osteopathic treatments as a permanent cure for constipation. It succeeded. Let us not deny that it is likely to do so.

But I shall have failed in the point I wish to make if the physicians present do not appreciate the questionable quality of the prescription. Mrs. M. was very spare of flesh. The abdominal viscera could be located with comparative ease. The pulsation of the aorta could be felt along its course, and the lumbar vertebra could be held between the hands. Nothing protected her from the ravages of osteopathic massage, but her sternum and ribs. I found complete prolapse of the pelvic organs. The bladder and remains of a normally atrophied uterus born to the world. The bowels then were, she said, a little too loose, moving two or three times a day. This condition came on during the osteopathic treatment, which was persisted in long after the constipation was benefitted—to clinch the cure, so to speak, and to secure the fee. The osteopath did not deny that he had overreached himself, but declared himself able to cure what he had produced, but in this he failed.

No gilt-edged promises were made by me. I cured up the inflammatory condition and tried a McIntosh Stem Supporter, alternated with a chamois pad, and secured some degree of comfort and general improvement in health.

I did not again see Mrs. M. for some weeks, when I was called to prescribe for persistent diarrhoea, with frequent watery, pale yellow stools. I found a morning temperature of 102, a distinct, irregular intermission, of greater or less duration, and a return of advanced temperature, which was sometimes greater and sometimes less. Appetite generally fair, but afraid to eat on account of diarrhoea. The fever assimilated acute miliary tuberculosis, but there were no other

Digitized by Google

symptoms of that disease. No diagnostic findings in the urine, no tenderness of the abdomen and no points of tenderness, no enlargement of any of the organs, and the stool remained about the same. The most I succeeded in gaining was to secure a normal stool for a brief interval, and a couple of days break in the fever, followed by a relapse in each case with exaggeration of the original condition. I took the counsel selected by the family, but no diagnosis was agreed upon.

In my home city, one of two things is accepted by the health officer, either a definite diagnosis or the coroner. Osteopathic treatment is not a diagnosis. Heart failure is not accepted. Everyone dies of heart failure. General debility is not a diagnosis. A man may be said to have died of general debility when he is slowly poisoned. And it so happens, since the days of old Omar, that our mistakes, although not "aurate earth," are sometimes dug up again.

I could only diagnose in accordance with the case. Injury to the trophic nerves, and general relaxation of the muscular tissue of the abdominal and pelvic viscera, due to osteopathic massage. So I retired from the case. Mrs. M. died.

Let me add that, when years ago osteopathy was young and I was not so old, in the spirit of investigation, and with some bravado, I took a course of treatments, and I afterwards tried it on cases of amenorrhea. You can by manipulating the ovarian region and the groin, produce a metorrhagia. There is no way of knowing where to stop. And I know positively from authentic information obtained from a professor of osteopathy that they don't know when to stop themselves.

They are credited by the schools with being the best anatomists and physiologists in the country. What, then, can be said of men, who work with cultured knowledge, still in the dark, and who, knowing that they may, at any treatment, pass the danger line, still go on indefinitely, for a fee?

There are different forms of mechanical therapy from the old Lingism, to the new vibrator, and all forms of electro-therapeutics.

Are these things unworthy of your careful consideration? As you have stood in the gap for centuries, you are still called upon to oppose the bulk of your knowledge and experience between humanity and its own follies. Let us prescribe our mechanical therapeutics, as we do our drugs, and limit the dose.

There is probably no physician of any note in any large city today who does not count among his adjutants a skilled masseur. Madam must be amused, you know, and massage is a fine tonic when guided, and will be sought after, if not prescribed.

I omitted to mention that surgery is also mechanical therapy, which nobody can deny.

Digitized by Google

TYPHOID FEVER, WITH ESPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT.

By M. B. MARCELLUS, M. D.

Read before the Portland City and County Medical Society, October 17, 1906

The purpose of this paper is to give its readers whatever advantages the writer gained from

1st. His observations in laboratory diagnosis.

2nd. His experience with the disease and its treatment.

It was my rare privilege of serving as Interne in St. Timothy's Hospital, Roxborough, Pa., during an endemic of typhoid fever, when that infection prostrated the surrounding community. All the beds in our medical wards were filled with such patients for a number of weeks. The reports of the Philadelphia Bureau of Health showed more cases of typhoid fever in ours—the twenty-first ward—than in all the remainder of the city.

Philadelphia, with its poor drinking water, is a center for this infection; but at that time our community was being supplied with filtered water from the new filtering plant on the Ridge road, which fact proved the water as not alone responsible.

Upon searching for the source of the infection, the local authorities succeeded in tracing its origin to a member of the family of one of our local milk dealers, his customers being, for the most part, victims, again proving the desirability of milk as a medium for the growth of the bacillus typhosus. A. C. Abbott has said[1]: "That infected water with which milk cans may be cleansed is the focus, while the milk afterwards placed into them is a very suitable medium for the micro-organisms." Considerable blame has been attributed to flies, especially in miltary camps, as "mechanic carriers of the parasites," and this seems to be a very plausible explanation of such trouble in camp life where latrines are used.

The most recent investigations into the nature of this ailment show that it is a "true septimaemia"—(Hirsch[2]) the organisms first gain entrance to the general circulation and the intestinal and lymphatic lesions, almost always present, are secondary to the blood infection. A toxin seems to be produced in the blood by the organisms which is diffusible and distributed in part to the intestines and in part to the other organs of the body.

According to James Tyson[3] "Typhoid fever is especially characterized anatomically by hyperplastic and ulcerative lesions of the lymph follicles of the intestine, of the mesenteric glands and by enlargement of the spleen." The micro-organism, "a short, rod-like bacterium,"

Digitized by Google

3 micron long and 1 micron wide, "varying somewhat with the medium and age of the culture," has rounded ends and resembles very closely the colon bacillus; it can, however, be differentiated by the rapidity of growth, in a specialized potato medium, of the colon bacillus in contrast to that of the typhoid bacillus.

Its usual mode of entrance into the blood is through the stomach in drinking water and food, into which it finds its way through careless disposition of alvine discharges from patients suffering from this infection. Milk, vegetables and oysters having been infected with polluted water are sources of danger. In this connection we recall the death of Dr. Fred Packard from typhoid fever, traced to eating raw oysters fattened in a slough back of the town at Atlantic City, N. J.

The morbid anatomy is manifested principally in changes in the lymphatic structures, viz: Peyer's patches of the ileum, solitary glands of the ileum which are very much enlarged by accumulation of outwandering and proliferated leucocytes, later undergoing disintegration, ulceration, etc.; mesenteric glands and spleen, the latter reaching 2-4x its normal size.

The cardinal diagnostic symptoms and sign are the *peculiar temp. curve* (with its slow ascent, maintenance and slow descent) *rose-rash, enlarged spleen* and *positive Widal reaction.* The usual symptoms and signs that were observed during the epidemic and from a careful review of over 300 history charts were: 3-10 days of general malaise, known to the laity as "the tired feeling," diarrhoea or constipation, roseola, in about 65 per cent of cases from 6-9th day. Epistaxis in about 10 per cent, fever (100-103 degrees F.) and its accompanying symptoms, persistent unless hydrotherapy is resorted to. Of the accompanying fever symptoms will mention: Anorexia almost always, headache in about 20 per cent of cases, peculiarly coated tongue (heavy whitish fur in center and beef-red edges), usually dry but occasionally moist, dilated pupils, flushed face, injected conjunctivae, sordes upon teeth and lips, dry skin and albuminuria. Nervous symptoms occurring later are tremors of tongue, twitching of muscles and restlessness of patient; knee-jerk increased, ankle clonus and Babinski's reflex negative. It most commonly attacks between the ages of 16 and 30.

It is not the intention to dwell long upon the pathology nor the symptomalogy of the disease, for one could enumerate symptoms and pathological changes indefinitely which are not of especial interest to the busy practitioner who is anxious to make a positive diagnosis and institute the proper treatment as early as possible.

The most important, and perhaps all-important aid in the diagnosis of this affection, as in most diseases at present, according to the writer's view, is again the microscope and accompanying laboratory, with which every up-to-date physician should either be equipped or have easy access to. Don't rely entirely upon the Board of Health—each medical man should do his own microscopical work. The former are apt to be overworked and become negligent and careless. And reports are slow in coming back. As was the case during our endemic

Digitized by Google

in Philadelphia, a number of reports were negative when ours were positive with true typhoid fever developed and vice versa.

The first procedure in making a positive diagnosis is to test for the Widal reaction, present in from 95.5 or 97 per cent of all cases, first described by Widal as occurring in the severest cases, but which, in reality, occurs in a still larger percentage of all cases some time during the course of the infection, and may be ascertained for years after recovery. It is conceded that the blood reacts late in the disease but usually by the time the physician is called it is present. Schottmuller says: "As early as the second day" he has found the "reaction positive." Very seldom is it later than the tenth to the fourteenth day. In our work we employed the method of diluting the blood (1-40) with sterile water in the white blood corpuscle pipette, as follows:

1. Cleanse finger or ear tip and puncture as for any blood examination.
2. Draw blood into clean white blood corpuscle pipette to a point midway between point and figure O. 5.
3. Dilute with sterile water to 11.
4. Thoroughly mix by constant shaking for 3 or 4 minutes.
5. Blow out several drops, then one upon a scrupulously clean cover-slip.
6. Inoculate drop with a platinum needle previously dipped into a bullion culture of live bacilli 12 to 24 hours of age.
7. Invert slip with drop upon a "hanging drop slide" so that no part of drop is touching slide.
8. Examine with high power lens and ascertain loss of motility and agglutination of bacilli; if it does not occur within 20 to 40 minutes it will not, and the reaction is negative. Until a positive reaction does occur the diagnosis is questionable. "If one part of blood, undiluted, gives the reaction when treated with 19 parts of bouillon culture the probability becomes a certainty."

If unable to secure the diluted blood, serum from a cantharidal blister is preferable to dried blood to be dissolved and diluted; with the "typhoid agglutometer" or macroscopic method the writer has had no experience, but believes it to be an excellent one; better use either of the two latter than none at all, though familiarity with the old method described above in detail, places it foremost in the writer's mind. In speaking further of the agglutometer, Osler, in his latest edition (1905) recommends it, especially, if it is impossible to secure a culture of live bacilli and no microscope is at hand. 1.5 per cent of non-typhoidal cases may show the Widal reaction, but it has not been my experience to find the reaction positive and typhoid fever not develop.

Hirsch tells us that "The crucial test in their work was the positive agglutination of the bacilli in a dilution (1-50) within one hour with known human typhoid serum," but it was our experience with a (1-40) dilution that it was useless to wait longer than 40 minutes for agglutination to occur and motility of the micro-organisms to cease.

Every 24 hours an urinalysis should be made to watch for kidney

Digitized by Google

complications. To find the bacilli in the urine, feces, blood or sections of involved organs, post mortem, is an unsatisfactory and unavailable process.

The Diazo reaction first described by Ehrlich in 1882, the writer believes to be practically useless, and this belief is based upon a number of experiments by Dr. Harry Hudson (a co-resident physician of the writer) and himself, in which it was demonstrated, to their satisfaction, that the test could be "juggled" any way desired for a negative or positive result. For example, the solutions used are: A 5 per cent solution of H. Cl. saturated with sulphanilic acid. A half of 1 per cent solution of sodium nitrate and ammonium hydrate. Technique (Tyson): "Forty c.c. of No. 1 and 1 c.c. of No. 2 are mixed. The H. Cl. acting on the sodium nitrite, liberates nitrous acid (HNO^2), which in its nascent state combines with the sulphanilic acid producing diazo-benzine sulphonic acid. Equal parts of this mixed solution and urine are thoroughly shaken: *enough* of the ammonia is then allowed to flow carefully down the side of the tube to form a colorless zone above the urine mixture. At the junction of the two fluids a dark garnet or cherry red ring will form if the reaction takes place and if the tube is well shaken an uniform red color is imparted to the entire fluid, which, when allowed to stand for some hours, shows a characteristic olive green precipitate, the upper layer of which, as a rule, has a still darker green color." When ingredient No. 3 or the ammonia is used, Tyson, as well as other authors, are contented with the word "enough" and that is indefinite and just where the test is at fault. Dr. Hudson discovered that by adding little or much ammonia, the reaction which at first proved positive could be made negative in a subsequent test and vice versa. A number of tests on each urine from typhoids were then made, adding the ammonia c.c. by c.c. (according to Osler, 1 c.c. is the required amount) and found that 1, 2, 3 or 4 would not give the desired result while 5 would, and if 5 wouldn't, 10 would, and so on indefinitely. Miliary tuberculosis and acute diseases with high fever are supposed to give the reaction—but why waste time with the test, if not, as yet, perfected?

A blood examination and count should be made in every case to watch for leucocytosis and anemia, the former to help the diagnosis and the latter to exclude any such complication.

In case the Widal reaction has not been obtained, the urine should be examined carefully for any signs of acute nephritis as the onset is occasionally "nephro-typhoid" (so-called); or for leucocytosis and diminished chlorides, if, "pneumo-typhoid;" for pus cells, if, "septic-typhoid," and so on for a possible "gastro-enteric" or "cerebro-spinal" typhoidal onset. Thus proving that by the time the laboratory methods are exhausted the diagnosis is certainly made.

A careful physical examination should also be made each day to guard against complications. Differential diagnosis seems clear, and consequently will only mention those diseases which might be confounded in case laboratory methods mentioned and symptoms fail to reveal the trouble:

Digitized by Google

Enteritis—Widal negative, no enlargement of the spleen and only slight fever 100-101 degrees F.

Peritonitis—Expression of face, constipation and great abdominal tenderness.

Paratyphoid Fever—"Widal reaction negative"; temperature runs up quickly to 104 degrees F. or over; period of incubation longer and more splenic enlargement.

Meningitis—"Cerebro-spinal meningitis bears a close resemblance to the nervous variety of typhoid fever and is, sometimes, so misinterpreted, but as the disease progresses the distinctive signs develop and the correct diagnosis is gradually made. Unless an epidemic of cerebro-spinal meningitis prevails, the probability that this combination represents the early stage of typhoid fever is far greater than that it is the former."

Pulmonary Affections, especially pneumonia, are mistaken in their early stages, but if the physician is wide-awake and carefully examines the blood for leucocytosis and the urine for diminished chlorides (already mentioned) as is the case in that affection and with the history of the attack, is not likely to err.

Concealed Suppuration misleads sometimes but with "pump-handle" temperature, and after a few hours observation and leucocytic count the question is usually solved.

La Grippe or Influenza—One of the most frequently mistaken for typhoid fever in its early stage is differentiated by the catarrhal factor, fever of short duration, extreme prostration, muscular rheumatic pains and presence of bacillus influenzae in tracheal mucus.

Treatment Comprises—First, "promotion of immunity," indirectly, by feeding and keeping up the strength. Secondly, expectant, symptomatic and prophylactic. Thirdly, hydrotherapy.

It is the writer's opinion that no medicine, in the shape of so-called antiseptics, is needed. Patients will improve as speedily, if not more so, with no drugs than with them, unless complications arise. The patient should be kept at absolute rest upon his back, not even allowed to rise in bed for food, or changing of bed-linen. For food, any easily digested article, either liquid or solid, should be permitted, as: Broths, junket, albumin-water, meat finely cut or minced, bread and butter, fruit-juices (being sure no seeds are included), milk, etc. Feed the patient more and thereby keep up his strength, especially in the second and third weeks of the disease; (1) to prevent longer stay in hospital or home (an important factor for working men); and (2) to prevent such sequelae as abscesses and thromboses, which have been shown by statistics to be much more frequent following exclusive milk diet than with one more generous and varied.

All noise and excitement should be avoided, if possible. Hydrotherapy, by all means, to control the fever; tubbing is the most efficacious (water being at a temperature from 80 to 70 degrees F.) with plenty of vigorous rubbing, as it is the nervous shock which is required to reduce the temperature. If the heart weakens, stimulate with whisky or brandy, and if the shock is too great from this procedure, resort to sponging, which should be properly done. The complaint

Digitized by Google

arises, "In the country either one of these is impossible." That is untrue. The latter can be readily accomplished by a trained nurse, if she is unavailable, the doctor himself can administer the first sponge bath and some member of the family or friend can readily acquire the "knack," for such it is, after several lessons. The "Brandt" treatment should be administered if the temperature rises above 102 2-5 degrees F., and continued for 20 minutes, if the patient's condition will permit. If in one-half hour after the plunge or sponge the temperature falls below 102 2-5 degrees F., it can be discontinued until another rise occurs, when the same procedure is repeated. Temperature, pulse and respiration should carefully be taken and recorded on chart every three hours while fever lasts. Plenty of cold water should be administered internally as well. Bowels should be kept open by enemata alone. All excreta must be disinfected as soon as voided and the nurse should cleanse her hands immediately upon handling patient or vessels, as a precautionary means to protect herself as well as others in the community.

Hanna, of Philadelphia, has recently written: "Good nursing is possibly of more importance in this disease than most others," and emphasis should be applied to this statement by saying it is all important.

By means of a daily physical examination and temperature chart, upon which every typhoid patient's, as well as any other patient's progress should be recorded, any complication may be discovered and accordingly treated.

In Tympanites—Turpentine in 5 minim doses every two or three hours, internally, often gives the desired effect.

In Hemorrhage from Bowels—Elevate foot of bed, stop milk, if any is included in diet, ice to abdomen and ½ gr. doses each of acetate of lead and pulverized opii every two or three hours until improvement.

Perforation—Operation as soon as detected, promptness in discovery of same often saves life.

Heart Failure—Strychnine and nitroglycerine, either per orem or hypodermically, is all that is necessary.

Kidney Insufficiency—Digitalis, nitroglycerine and caffeine per orem.

Phlebitis—Potassium iodide in 5 to 10 gr. doses and absolute rest of limb with ichthyol and glycerine 50 per cent painted along course of vessel and a properly applied bandage from foot to groin.

CONCLUSIONS.

First—Laboratory methods are most essential in arriving at an accurate diagnosis.

Second—Ehrlich's reaction does not seem to be perfected, and consequently is of no aid.

Third—No drugs are required in treatment, if no complications arise.

Fourth—More generous and varied diet gives better results than liquid or milk alone.

Digitized by Google

Fifth—Treatment consists largely in the "promotion of immunity" rather than trying to get rid of the micro-organisms.

While this paper is to be criticized in many respects, the author feels that some interesting discussion may be promoted and great benefit derived therefrom.

Books Consulted—Tyson, Osler, Butler, Musser, Von Jakesch, Hektoen and Riesman, Hare and DaCosta.

Journals and Articles—Journal of the American Medical Association, Hirsch and Schottmueller and Hanna of Philadelphia.

References—1. Abbott, writer's notes upon lectures in. hygiene 2. Hirsch, Journal A. M. A., Vol. XLVI, No. 25. 3. Tyson, Practice of Medicine. 4. Hanna, paper read before the Philadelphia County Medical Society.

Headache From Aural Disease.

P. Hammond, Boston (Journal A. M. A., Nov. 10), says that headache from aural derangement is more likely to be misunderstood as to its cause than that from ocular trouble, notwithstanding its possible severity, because it is not so directly associated with conscious functional defect of the special sense, especially in the chronic forms of aural headache. Yet it is fairly common, the more so because of the intimate relations of the innervation of the ear and the central nervous system. In young children, as Gradle has shown, a continuous headache is likely to occur from slight obstruction of the Eustachian tubes which it at once temporarily relieved by inflation of the middle ear. For permanent relief, steps should be taken to remove any adenoids or other causes of obstruction of the Eustachian tubes. In the more chronic adhesive processes in the internal ear, absolute pain is seldom felt, but there may be a feeling of fullness or of pressure in the brain. When headache is due to acute middle-ear inflammation it is usually relieved by paracentesis. Politzer thinks thinks that some of the most severe cases are due to hyperemia transmitted to the scalp. Severe pain with aural disease, not confined to the region of the ear and resistant to treatment, suggests intracranial trouble. The most enduring types of headache are seen in old cases of chronic suppuration, in which masses of indurated products form in the cavities of the middle ear and mastoid. The pain is usually dull and heavy, but is subject to exacerbations which may be brought on by the use of injections, especially of hydrogen peroxid, which swell up the masses and cause pressure. Caries also, especially with granulations, may be the cause of headache in these cases. The diagnosis can often be made by the discharge, but if the suppuration is slight or absent the most careful examination may be required. It is very common for an ear that has formerly suppurated to remain apparently dry for many years. Treatment should aim at removal of all diseased tissue. Sometimes this can be accomplished by introducing astringent and antiseptic solutions into the ear, but if bone caries is present it must be thoroughly removed. In advanced cases the radical mastoid operation may be necessary. In any event cessation of the discharge will probably relieve the headache.

Digitized by Google

SOME NOTES ON THE CHICAGO EPIDEMIC OF TYPHOID FEVER OF 1902.

By NOBLE WILEY JONES, M. D.
Portland, Oregon

The recent reading of a paper on typhoid fever by Dr. M. B. Marcellus before the City and County Medical Society of Portland, prompts me to report at this time the following notes on the typhoid fever epidemic which prevailed in certain districts of Chicago during the late summer and fall of the year 1902. During these months there were reported to the Chicago Health Department about 5000 cases of this disease. Of this number about 980 cases were received and treated in the Cook County Hospital, and it was from the study of these cases that the notes here given were compiled. No effort has been made to interpret this data by the light of more recent investigations into the subject of typhoid fever. The report may have, however, a certain interest by reason of its being the story of some of the routine work of a large hospital during the time of a large epidemic.

The chief factor in the causation of this epidemic was, according to Dr. Reynolds[1], commissioner of health, the general pollution of the water supply during the months of July and August, by shore water, which, during the rainy period of the spring and early summer, had become contaminated with typhoid ladened sewage from the flushed sewers. A subsidiary but none the less important factor in the local spreading of the disease was shown by Dr. Alice Hamilton[2] to be that of the common house fly. The typhoid bacillus was isolated by her from flies caught in privy vaults, about the fences and in the rooms in which typhoid cases were kept. The neglected, unsanitary condition of the privy vaults, many of which in the infected districts had no connections with sewers whatever, produced conditions similar to those existing in the military camps during the Spanish war of 1898, in which, according to the report of Majors Reed, Vaughn and Shakespeare, "flies were undoubtedly the most active agents in the spread of typhoid fever."

Of the 980 cases treated in the hospital, 99 died, and of this number 48 came to autopsy. The most noteworthy lesions observed were the relatively large number of ulcers found in the large intestine. The coecum, the hepatic and splenic flexures and the sigmoid were involved in about equal degree. Certain cases showed marked ulceration of the large bowel at post mortem, where clinically there had been evident constipation. Many times large masses of

1. Chicago Medical Recorder, 1902, Vol. XXIII, p. 219. 2. J. A. M. A. Feb. 28, 1903.

Digitized by Google

hard feces were found in the colon, even where there had been marked diarrhoea during life. In those cases in which acetezone had been persistently used during the course of the fever, there seemed to be fewer ulcers, and those present less extensive in both the large and small bowel. However these cases were too few in number to give any weight to such an observation, and this, it may be mentioned, was the only possible result from the use of acetezone that we observed.

It is not necessary to speak at length of the symptomatology of our cases. A few symptoms in a measure characteristic of the epidemic, however, were observed. An initial bronchitis was noticed in about 60 per cent of my séries. It was often so severe, especially in children, as to mask for a time the other clinical features. Headache was a most constant symptom, occuring in over 90 per cent. Constipation remained in at least 25 per cent of my cases through the second week, and many showed an actual constipation throughout the course of the disease. In the first week of sickness the tongue often showed a condition resembling somewhat the early strawberry tongue of scarlet fever. This usually remained on into the second week, when it became modified by distinct coating or dryness. Although there was nothing distinctive about this condition it was noticed so frequently—74 per cent in the first week—that we became accustomed to speak of it as the typhoid tongue. Nose bleeding occurred infrequently, in only 5 per cent or 6 per cent of my series. Nausea and vomiting and chilliness were present as a rule. Rose spots and an enlarged spleen made their appearance about the usual number of times. The cases seemed to gain both in virulence and in the number of complications as the epidemic became older. A peculiar fact noted was that hemorrhages occurred later in the course of the disease as the fall months passed by. For instance, during July and August most of the hemorrhages occurred during the third and fourth weeks, while after September few cases of hemorrhage were noted before the thirtieth day of illness. There were to my knowledge but four intestinal perforations among the 980 cases treated, a percentage of .4. All of these went to operation within a fair number of hours following perforation and all died. One occurred in my service, and as it presented a complexus of symptoms at variance with the expected picture of perforation I will give the history of the case in brief detail:

I. O. (hospital number 272,684), Swede, aged 20, laborer. Entered ward 10, 11-27-'02 with typhoid fever at the end of the fourth week of illness. Clinical signs of typhoid all present; white blood count 4,000; Widal, 1 to 40, positive in 45 minutes with involentaries and loss of motility. From date of entrance to December 8, 1902, the four hour clinical chart showed a variation of pulse of 92 to 110, temperature 101.2 to 105.4 degrees per rectum; respirations 22 to 28, once to 34. There was marked stupor and daily involentaries. Temperature responded but slightly to hydrotherapy. On the morning of the 8th—the thirty-third day of illness—patient's record was as follows: 4 A. M., pulse 98, temperature 102.2 R.

Digitized by Google

respiration 24; 8 A. M., pulse 112, temperature 99 degrees R, respiration 28; 12 M., pulse 112, temperature 101.4 R, respiration 26. When I first saw him at 8 A. M. patient showed some signs of shock. There was no abdominal distress or local tenderness. There was considerable pallor; no blood appeared in the stools. I at first believed he had had a hemorrhage, and treated him accordingly. White blood counts were made as follows: 10:30 A. M., 4.200; 11 A. M., 7.400; 11:30 A. M., 10,000; 12:20 P. M., 15,600, 1:10 P. M., 14,000; 2 P. M., 14,400; 4 P. M., 17,400. At this time I transferred him to the surgical side, where he was operated on immediately. A small area of peritonitis the size of the palm of the hand was found on the free surface of the ileum about 18 inches above the coecum, and in the middle of the area the bluish base of a small ulcer which had not grossly perforated the serous coat. Patient died on the third day following from toxaemia and an increasing peritonitis.

The diagnosis of typhoidal perforation has been studied and discussed with increasing interest in recent years, especially by American surgeons. Keen[1], Westcott[2], Tinker[3], Fitz[4], Taylor[5], Stewart[6], Briggs[7], and others have done much to emphasize the importance of early surgical interference in these cases. It is no doubt true that under favorable conditions for the recognition of a complication in the course of typhoid fever, a patient with a clear mind, acutely sensitive to pain, and with fair intelligence, the diagnosis of perforation may be made from its rather distinctive symptom-complex and should be distinguished from the symptoms and signs of the rapidly following peritonitis. Localized muscular rigidity, localized tenderness and pain, the presence of gas outside the intestine, which would be proof positive if it could be elicited, but which is rarely possible, thoracic breathing and the symptoms of systemic shock should leave no more doubt in the mind of the physician than the peculiarly characteristic symptom-complex of acute appendicitis does in the mind of him who sees his patient at the very onset of the disease. The role which altered conditions of the blood play in determining the presence of perforation is still questionable. That there is more or less alteration of the leucocytes, especially of the poly-morpho neuclear neutrophile type in every case of perforation is probably true. Within what limits this alteration may occur is not known; neither are the causes which produce it. It has been held by some that a distinct "leucocytic wave" occurs immediately following perforation and lasts for a few hours. Some authentically reported cases certainly do not show this. On the other hand, this was the one factor upon which almost alone I recognized the condition in the above mentioned case, and which was later verified by operation. I would not say that perforation was diagnosed here. It may have been coincident with the fall in temperature and the appearance of shock. There were never any local signs present, and

1. Surg. Comps. and Sequelae of Typhoid Fever, 1898. 2. Ibid, quoted by Keen. 3. Keen, quoted J. A. M. A. Jan. 20, 1900. 4. Trans. Ass. Amer. Phys., 1891, Vol. VI. 5. New York Med. Jour., Feb. 1, 1902, Vol. LXXV. 6. Amer. J. Med. Scis., May, 1904, Vol. CXXVII. 7. Ibid, May, 1903, Vol. CXXV.

Digitized by Google

the evident step-like increase of the leucocyte count may have been due to the beginning peritonitis entirely. On the other hand, was the fall in temperature and shock due to the same cause, or was it due to the perforation, which even at the time of operation, eight hours later, was not macroscopic? The prognosis of these cases will always remain bad. That prompt surgical interference should be instituted as soon as shock will permit is self-evident. The resistance of the patient, however, is equally important in his recovery. I personally know a country doctor practicing in a little mining camp in Northern Nevada, some fifty miles from the railroad, who, with the assistance of the druggist, the mine boss and the barkeeper, closed a typhoidal perforation and saved his patient's life. That a vigorous peritoneal resistance to infection was present in this case there can be no doubt. Dr. Keen estimates that 30 per cent of all cases should recover. Prof. Osler believes it is closer to 50 per cent, while Cushing makes the recovery rate as high as 60 per cent. A proper differentiation and selection of both the cases and the time of interference may possibly permit this higher figure to be reached. Nevertheless, each case will remain a problem in diagnosis by itself and there will not be a symptom-complex applicable to all.

Of the other more common complications we had representative examples of each. Of those less frequently met with we observed cases of neuritis, two cases of post-typhoidal insanity, osteomyelitis, two cases of typhoid spine, iritis, otitis media and orchitis. Both insanity cases were of the maniacal type and both improved markedly before leaving the hospital, although they were removed before recovery was complete. Both cases of typhoid spine recovered before their discharge. One occurred in one of my patients who was about three weeks convalescent from his typhoid and was up and about the ward. He awoke one morning with pain in the lumbar region of the back on moving. There was no indication of organic disease. The pain gradually subsided after two weeks' rest in bed.

Diagnosis: The diagnosis of typhoid fever has been impressed upon me from two somewhat distinct points of view, namely, that of the clinician and that of the bacteriologist. A warrantable distinction is not intended, for the latter should always corroborate the former. But to illustrate what is meant, the report of the following 191 cases will suffice. This record of clinical data was made by Dr. T. W. Stumm and myself during the months of July and August, when we were in charge of the entrance examining office of the hospital. During this time we admitted something over 300 typhoid patients and later verified our diagnoses by the clinical course and bacteriologic examinations made in the wards. Of 191 cases accurate records of clinical findings determined at the time of our first examination and therefore the findings upon which we made our diagnoses were kept. This first examination was in 119 cases made within the first week and in 17 cases was made within the second week of the patients' illness. They are, therefore, of interest in that their records show, not the findings in each case throughout the course

Digitized by Google

of the fever, but only the findings determined at the time when the patient was first seen.

I.

191 Cases.	119 First Week	72 Second Week
1. Headache	93 per cent.	90 per cent.
2. Nose bleed	5 "	6 "
3. Cough	61 "	58 "
4. Nausea or vomiting	60 "	60 "
5. Bowels:		
Loose	42 "	50 "
Regular	26 "	25 "
Constipated	32 "	25 "
6. Tongue		
Typhoid type	74 "	64 "
Coated, dry, etc.	26 "	36 "
7. Temperature, average	102.7° F.	102.1° F.
8. Pulse, average	112	104
9. Chill or chilliness	66 per cent.	52 per cent.
10. Spleen	37 "	57.5 "
11. Rosespots	22 "	59 "

II. *Pulse*—Low ratio to febrile temperature, pulse under 100 in 35.6 per cent.

III. *Age*—

5 years and under	3.6 per cent.
5 to 10 years	10.2 "
10 to 20 years	21.7 "
20 to 30 years	37.0 "
30 to 40 years	19.1 "
40 to 50 years	8.4 "
50 years and over	1.8 "
	99.8 per cent.

IV. *Sex*—

Males	70 per cent.
Females	30 "
	100 per cent.

During the course of the disease the diagnosis of each case was verified in the wards by means of laboratory methods. Repeated agglutination tests were made, the urine examined for the Diazo-reaction and in many cases blood cultures were taken.

Drs. Kerr and Harris, of the house staff, made a systematic cultural study of the blood in 56 cases. Their results, combined with those of Auerbach and Unger, Cole and of Hewlett previously reported, making 102 cases in all, as stated before the Chicago Medical Society October, 1902, were as follows: 87.5 per cent of the cases gave positive results during the first week of illness; 70 per cent during the second week; 50 per cent during the third week; 25 per

Digitized by Google

cent during the fourth week, and positive results in all of the six cases of relapse. This work bears out in the main that of other investigators, notably of Schottmueller, of Lehnhart's Clinic, Hamburg. Our work, therefore, to sum up briefly, led us to rely upon the following factors, which, as shown by Kuehn and others, are given in their order of importance: The leucopaenia, the early enlarged spleen, the Diazo-reaction[1], the roseala and, lastly, the general clinical picture, a febrile temperature especially when associated with a pulse, often dicrotic, and beating less than a hundred times per minute. In order of occurrence we believe, with Kuehn, that a leucopaenia is the first sign to be encountered, the Widal oftentimes the second and that the palpable spleen, the Diazo-reaction and the roseala usually make their appearance together about the end of the first week. Schottmueller has shown that the earliest and unfailingly positive means of diagnosis of typhoid is to be made by obtaining the Eberth bacillus from blood cultures. Typhoid fever is a general infection —a typical bacteraemia—and the infective agent can be found in the circulating blood more often than in those conditions as septicaemia, pyaemia, ulcerative endocarditis, etc., that are so recognized. The authors above quoted believe that with proper technique, positive blood cultures depend in a large measure upon the early time at which they are made. That is before the patient's sera have developed marked agglutinative properties of their own. I cannot leave this part of the subject without referring again to its purely clinical aspect. We learned to look upon what has been called the typhoid tripod, namely, the early enlarged spleen, the roseala and the clinical picture as nearly pathognomonic, and that when to this symptom-complex has been added the leucopaenia we know of nothing except paratyphoid fever which can simulate it.

As regards the differential diagnosis there are two conditions both occurring chiefly in children which stand out prominently from all others—namely, acute ileo-colitis and broncho pneumonia. Many of our cases—about 60 per cent of the above series—had a marked initial bronchitis, in others intense intestinal symptoms. With the presence of either one of these conditions and the absence of the palpable spleen and roseala a differential diagnosis cannot be made without the aid of the laboratory. Either one of these diseases misled more frequently than all other conditions met with combined. Malaria associated with gastro-intestinal disturbances was mistaken in two cases.

There were errors made in three or four suppurative processes. One case in point gave a history of fever for a week, several slight chills, nausea, headache and some pain referable to the lower abdomen and lumbar portion of the back. There was an old history of malaria, an indefinite history of gonorrhoea, no pregnancies or abortions. The woman showed a palpable spleen and a slightly enlarged, tender right Fallopian tube. She had a temperature of about 102 degrees F. and

1. The observations made by Dr. M. B. Marcellus in reference to the unreliability of the Diazo-reaction in either healthy or diseased conditions, as reported elsewhere in this journal, are of great importance. To my knowledge it is the first time that pathologic significance has been denied this reaction.

Digitized by Google

a regular pulse under one hundred per minute. I sent the case to the surgical side as one of acute salpingitis. She gave a positive Widal and a white blood count of about 5000. There were no cases of acute appendicitis in the 2340 patients which we examined during those two months, nor afterwards among our ward patients which simulated in any way typhoid fever. Another point that at times is of some value in diagnosis during such an epidemic is the knowledge of the locality from which the patient comes.

Treatment.—The treatment of the majority of our cases resolved itself, as our systematic writers have always maintained, into the questions of careful nursing and a regulated diet. Our prophylactic measures employed were in many cases sadly deficient, made so, it was claimed, because of the lack of funds. Be that as it may, much typhoid-laden dejecta entered the sewer mains from our hospital to add one more link to the endless chain of Chicago's polluted water system.

The nurses were under the following general orders in the absence of untoward symptoms:

1. Pulse, temperature and respiration were recorded every four hours.
2. Hydrotherapy for a temperature of 102.4 degrees F.
3. Colonic flushing every other morning.
4. Diet every 2—4 hours, except when patient was sleeping.

Milk was the basis of our feeding. It was combined as long as there was temperature with lime water or Seltzer water. We varied this as much as the resources of the hospital permitted with peptonized milk, when agreeable to the patient, Eskays, or other prepared foods, meat broths and matzoon. The stools were carefully watched for curds. When present the milk was alternated with albumen water; this was also given in cases of continued high fever. A good port or sherry was allowed in moderate quantities if the patient desired as convalescence approached.

On the second morning after the temperature reached normal I permitted my patients to have a soft boiled egg, or a poached egg and a slice of toast. If the following evening the temperature did not exceed 100 degrees F. this was allowed morning and night. Eggnog, cocoa, coffee and crackers, well baked potatoes, etc., were added to the dietary, the effect of each being watched for ill results. The drinking of water was forced. In those cases where there was great prostration, delirium, etc., or where the patient would not drink water, normal saline enemas of one pint to be reduced as indicated were employed every four hours as routine. Whisky was often added to these.

We employed hydrotherapy in a variety of ways, trying to determine in each case the individual results. The comfort of the patient was considered wherever possible, and this was found permissible in nearly all cases in which there was not delirium. The use of the cold sponge—the water at 60 or 65 degrees, or the warm sponge followed by an alcohol rub seemed to control nicely the temperature of the milder cases. The cold or the hot pack was used in the ma-

Digitized by Google

jority of the cases and gave good results. A distinct individuality of response to the different methods was often noticed. One patient might take kindly to the cold pack and his temperature fall two or three degrees while the temperature of the patient next to him would be but slightly affected and distinct signs of shock be manifested; but with the use of the hot pack the same good effects would be obtained as in the first case with the cold. Frequently patients would express a desire for one or the other, and this was always allowed. In the cases with high, continuous fever and delirium we obtained our best results from the full cold bath. Because of the scarcity of attendants, we converted a large rubber sheet with the corners tied to the bed posts into a tub. This answered very nicely, as it held enough water to cover the patient, was easily emptied by syphon, and permitted the nurse to keep up a brisk rubbing with less effort than were the patient in a portable tub. During the bath, which lasted usually from 15 to 20 minutes, symptoms of collapse were closely watched for. An ice cap or cold cloths were kept on the head and the entire body underneath the water was actively rubbed as before mentioned. Rectal temperatures were taken frequently and the bath terminated if this temperature dropped to 101 degrees F. The patient was then wrapped in a blanket, dried by light rubbing, and usually some whisky or brandy given. The good effect on the fever, the delirium and the insomnia was markedly shown. Ice was frequently used in the form of the ice cap or in the cold bath. The Littre coil was used in cases of hemorrhage as indicated below. Colonic flushings with two to four quarts of saline solution at about 100 degrees F. were employed as a routine practice every other morning. I believe that much good came from this. As mentioned above, the colon was frequently found at autopsy to contain hard masses of feces. We believe like cases were benefited by such treatment and possibly all cases by mechanical removal of toxic materials.

The giving of drugs constituted a very minor part in our therapy. If the patient entered during the first week or beginning of the second week of illness with moderate constipation an initial catharsis of calomel grs. II, and sodium bicarbonate grs. v, to be followed in six hours by sodium phosphate was employed. Some physicians made use of the somewhat questionable practice of giving small doses of calomel three or four times per day, and sodium phosphate every other morning because of the impacted feces found in some cases post mortem. Intestinal antiseptics, as salol, bismuth, Bnaphthol, acetezone, etc., were used by some. I limited the use of drugs to the treatment of special symptoms in every one of my cases, giving a little dilute hydrochloric acid after diet, more as a placebo than for any desired effect. The comparative results of these different procedures were the same. The course of the disease was in no way altered and seemingly the use of the intestinal antiseptics did no harm. Fever was combatted entirely by the use of water. Antipyretics—such as large doses of antipyrine as recommended by some German writers, were never used. We had no experience with the use of antityphoid serum.

Abdominal pain in the ordinary course of typhoid fever is due

Digitized by Google

mostly to tympanites and meteorism. For the immediate relief of these conditions the use of hot turpentine stupes, the frequent passing of the rectal tube and enemas of Emulsion of Asafetida ℥i gave very fair results. The correction of these conditions as well as excessive diarrhoea lies largely, however, in the regulation of the diet. Oftentimes milk curds will be found in the diarrhoeal stool. For excessive diarrhoea starch and opium enemas or a combination of large doses of bismuth with salol and Dover's powder were employed. With the onset of sudden abdominal pain, rapid fall of temperature, prostration, etc., the nurses were under standing orders to immediately stop all diet and medicines, elevate the foot of the bed and enjoin absolute rest by giving morphine sulphate grs. ¼ by hypodermic.

Intestinal hemorrhage, in addition to the above measures, were treated by the Littre ice coil over the abdomen and the liberal use of morphine. The acetate of lead and opium, adrenalin chloride every four hours, calcium chloride ℥i by enema or grs. XX by mouth every four hours, or 1 per cent to 2 per cent solutions of gelatine injections were used in different cases. Seemingly the important points in the treatment of these cases are absolute rest, elevation of the extremities and the use of cold to the abdomen.

Perforation was treated surgically. A diagnosis was made as soon as possible, as indicated above. The early symptoms were not masked by large doses of morphine. Ice was applied locally until the patient reached the operating room. Symptoms of shock were combatted by strychnine and brandy, and at the time of the operation by saline intravenous injections.

All cases which showed a failing heart were given guarded but continuous doses of strychnine hypodermically. Alcohol was mostly reserved for use in alcoholics and where there was great prostration, high temperature, delirium, and subsultus tendinum. Brandy in the latter case was given in ℥i to ℥iss doses every two hours. Other complications and sequellae which occur less frequently were treated according to the principles laid down by our standard authorities. Convalescence was carefully guarded. Solid food, with the exception of a moderate amount of well baked potato which was allowed by the fifth or sixth day in the ordinary case, was not permitted until the tenth day of normal temperature had been reached. We made use of liquid peptinoids and iron and strychnine tonics in many cases with seemingly good results. Patients were not discharged until they had gained considerable strength which meant usually at least the fourteenth day of normal temperature.

Digitized by Google

Medical Societies

Portland City and County Medical Society.

The City and County Medical Society met in the Auditorium of the Chamber of Commerce, October 17, 1906, and was called to order by the President, Dr. R. C. Yenney.

Members present: Drs. Briggs, Buck, Chipman, Coffey, Ellis, Keeney, Manion, Marsh, McCorkle, Marcellus, Patton, Rand, Roth, Sheldon, A. W. Smith, Whiteside, Williamson and Yenney. Visitors: Dr. Jones.

The following application for membership was read and referred to Board of Counsellors for report: Dr. A. W. Botkin, No. 74 Gilham avenue, Mt. Tabor, Or. Graduate of Willamette University, April 7, 1890; Jefferson Medical College, Philadelphia, Pa., May 4, 1903. Recommended by Drs. Yenney and R. Kelly.

The paper of the evening was read by Dr. M. B. Marcellus, viz: "Typhoid Fever, With Special Reference to Diagnosis and Treatment."

This paper is published in this issue of the Medical Sentinel.

Discussion.

Dr. Jones was invited by the President to open the discussion. The Doctor had studied about 300 cases in Cook County Hospital, Chicago. He did not agree with the writer in reference to administration of solid food, but rather confined his cases to a liquid diet for at least a day after a normal temperature. He does not think the Diazo test reliable, as tuberculosis will give a positive reaction the same as typhoid. Intestinal antiseptics, such as acetozone, are without any good effects in his estimation.

Dr. J. B. Roth commented upon the modern idea of administration of no medicine.

Dr. A. W. Moore did not agree with the writer in reference to administering no medicine, but spoke of the type of the disease in Oregon always being mild, and that seldom did death occur. He gives little medicine, and is rather liberal in diet, giving sweets, sugars and candies.

Dr. G. S. Whiteside called attention to the low death rate of Oregon.

Dr. W. T. Williamson spoke of the young man coming to the front in medicine, and of the good work being done by him. Commented upon the fact that recently while upon a visit over the Canadian Pacific Railroad, typhoid fever was found in many of the towns, situated miles out in the open prairie.

Dr. R. C. Coffey commented upon the modern idea and method of treatment, and recommended calomel in small doses.

Dr. D. H. Rand discussed the administration of cold water to the patient, thinking that cold water would cause less shock.

President Yenney called attention to the class of cases now being found in Eastern Oregon, which cases the local physicians claim are caused by a tick that comes from sheep.

Dr. Robert Marsh called attention to the class of cases found at St. Michaels, Alaska, duration being about ten days. The water was surface water coming from melting ice and seeping through the heavy moss that covers the earth.

Cases in Practice.

Dr. R. C. Coffey reported four cases of intestinal intersusception, two of which being of the infantile type, that even when reduced will have a tendency to recur. One due to a loose tumor floating in the bowel. Another, a Chinaman, conditions due to carcinoma.

Digitized by Google

Miscellaneous.

Dr. M. G. McCorkle presented a letter to the Society in the form of a resolution, calling attention to the two systems of telephones soon to be in operation, and requesting that the Society express its views upon the idea of eliminating one and adopting the other.

Moved by Dr. Whiteside, seconded by Dr. Marcellus, that resolution be placed upon table; carried.

The regular meeting of the City and County Medical Society was held in the Auditorium of the Chamber of Commerce Building November 7, 1906, and was called to order by the President, Dr. R. C. Yenney.

The minutes of previous meeting, October 17th, were read and approved.

Members present were: Braden, Briggs, Brook, Chipman, Coffey, Dammasch, Ellis, Fessler, Grant, Geary, Holden, Hill, Johnson, A. H. King, Manion, Marsh, Marcellus, McCornack, McCusker, Nunn, Panton, J. J. Pierce, Pettit, Rand, Roth, Robbins, Sheldon, Sternberg, Swenson, Smith, A. W. Taylor, Tilzer and Yenney. Visitors: Gold, Hyde, Jones, McLafferty, Mr. Watson.

Election of members: Glenn Wheeler, Marquam Building, elected to membership. Vote, yeas 17, nays 0.

The paper of the evening, "Spinal Anaesthesia With Practical Demonstration," was read by Dr. J. A. Pettit, viz:

Sixty years ago patients were held on the table by physical force, while such necessary surgery as amputations were performed. In the last three score years the picture has changed, and we now have many means of giving them peaceful unconsciousness free from suffering. The progress of modern surgery has made possible much in the perfection of anaesthetics, as by evolution of aseptic technique. Chloroform and ether have been brought to that degree of perfection by skilled administration, as well as pure manufacture, yet they, too, have their direful results; chloroform occasionally producing sudden death, while ether brings about its nephritis and pneumonia, while both have a tendency to produce and contribute to shock. We find many patients who from physical disability or some heart condition cannot be subjected to the influence of anaesthesia without great danger. The Doctor wished to bring forward a method of anaesthesia which, while not entirely unknown, is used by only a few isolated advocates. Because of improper administration failing to produce the desired anaesthesia and causing occasionally some unpleasant symptoms, the method was condemned by some surgeons. It has now been used long enough to merit recognition and to be placed as an anaesthetic alongside of chloroform and ether. It requires a more skilled anaesthetist and by the use of tropacocaine instead of cocaine and the administration a short time before of a small hypodermic dose of Hyoscine, morphine and strychnine, all results of an idiosyncrasy on the part of the patient can be practically eliminated. A diseased heart, a nephritic kidney is not effected by its use. Bronchial and pulmonary mucous membranes are not influenced. Alcoholics take this anaesthesia safely. There may be in some cases slight vomiting, but it is transitory. The patient is always with you, able to cough his hernia down into its sack, is able to return to his bed smiling, and with the ability and desire to take nourishment or medicine by Nature's natural route. His chart for the next few days does not tell of vomiting, distress, restlessness, hypodermics and narcotics. In children its use is practically out of the question, with its

Digitized by Google

nervous element and your inability to reason with them. With the abolishment of pain sense, there is only a partial abolishment of tactile sense. Subjects will complain when you lay your hands upon them or any broad surface come in contact with them, but when you cut the skin or fascia with a knife, needle or scissors the act will be entirely unnoticed. The range of operative usefulness of this method of anaesthesia covers the entire body, but the greatest field is the abdomen and lower extremities, but by higher injections operations can readily be performed upon the arm, chest or face. Many cases are reported of operations upon the mastoid, goitre, tongue and jaw. Halstead has laid particular stress upon its use in amputation of the hip, stating that these cases can be operated upon without any change in pulse rate. The injection blocks the reflexes and practically eliminates the shock of amputation. Should it be desired to have the patient unconscious, a small amount of chloroform or ether may be given. The first technique was to use cocaine of 3-10 to 5-10 of a grain dissolved in sterile water and injected into the sub-arachnoid space by introducing the needle through the fourth lumbar interspace. If no cerebro-spinal fluid was withdrawn before hand, it made an increase in cerebro pressure which would produce headache and other disagreeable symptoms. Again the technique was improved by permitting 1 c.c. of the cerebro-spinal fluid to run out into a sterile dish in which the cocaine was dissolved, and the solution re-injected; but this method has the objection of exposing the fluid to possible infection and contamination with the air. The technique that the Doctor has followed for the past three years is as follows, viz: he uses a 3-inch spinal anaesthesia needle made to fit a Luir glass syringe, consisting of a glass barrel and piston. The tropa-cocaine, which has previously been sterilized in small glass vials, each contains a single dose of 1 1-10 grs., is put in the barrel of the syringe in the dry powdered form and the piston pushed down. Everything being absolutely sterile, the subject for practical demonstration was placed upon a table and seated upon a stool. He was made to lean over forcibly upon his knees, which arched out the spinal column. The patient's back having been scrubbed, cleaned and sterilized, the needle was detached from the syringe and passed through the fourth lumbar inter-space into the canal. The barrel was then fitted to the needle, the cerebro-spinal fluid allowed to flow into the syringe, dissolve the tropa-cocaine and then be re-injected back into the canal. The needle withdrawn, site of puncture again cleaned and site sealed. Anaesthesia commences at once, and with a duration of from 2 to 2½ hours. A needle was passed through the calf of the leg without the least pain, demonstrating the fact that there was no such thing as pain in these cases.

Discussion.

Dr. David Rand was asked by the President to open the discussion. He stated that he was much interested in this as a method of anaesthesia, and had had the pleasure of seeing it used extensively in New York as well as Berne, Switzerland. He thought it good in cases of bad heart and such cases, but did not think it had as yet been demonstrated that it was a safe anaesthetic except in the hands of a select few.

Dr. Jos. Sternberg said he had never used it in any case of his own, but had seen it used often. Cocaine, he said, is a dangerous drug and of uncertain action. Headache, vomiting, etc., are some of the symptoms following its

Digitized by Google

administration. Bad heart cases, he thinks, can be given ether by a skilled anaesthetist.

Dr. R. C. Coffey said that he considers this method three times as dangerous as either chloroform or ether. He said he would like to know why this man was selected for such demonstration, as there was nothing the matter with him, and further thought the Society should take action in the matter.

Dr. E. P. Geary said he thought differently about this matter, and that he enjoyed being present and seeing the demonstration, which he considered was valuable information to the Society, and hoped they would not take any action towards censuring the Doctor for the same.

Dr. A. Tilzer said he had had experience in 47 cases that he could recall. Does not agree with Dr. Sternberg about its being unsuccessful in producing the desired anaesthesia, or the results obtained. Thinks it due to bad surgery and to the fact that puncture was not in subarachnoid space. Said he had seen it used extensively abroad, as well as by Morton of San Francisco. Recommended its use in any case from a laparotomy to amputation of the toe.

Dr. R. J. Marsh does not agree with the writer in reference to there being no danger. He quoted some statistics from Woods' Therapeutics, and stated that he had never seen a case that could not take ether.

Miscellaneous Business.

The Secretary read a letter from Secretary of Kentucky State Medical Society, as well as the resolution enclosed, calling attention to their action in declaring that $5 be the minimum fee for which a physician in good standing should examine, especially for the old line companies. Was instructed to answer same, calling attention to action of Oregon State Medical Society.

Dr. A. Tilzer called attention to the fact that many members were not living up to such resolutions as adopted. Was asked by President to make report to Secretary, when Society could take action in the premises.

The Secretary was instructed to write to Dr. S. E. Josephi, Dean of the Medical Department of the University of Oregon, extending a cordial invitation to the students to attend the meetings of this Society.

Motion to adjourn; carried.

ALAN WELCH SMITH,
Secretary City and County Medical Society.

Acute Non-Suppurative Encephalitis in Children.

Isaac A. Abt, Chicago (Journal A. M. A., October 13), states that this is neither a rare nor a new disease among children. He refers briefly to mention of the condition in the literature and states that in reviewing the literature one is impressed with the fact that the disease has several clinical types. He reports two cases, in one of which the disease at first presented the symptoms of tuberculous meningitis, while in the other it might have been an acute infection such as pneumonia or almost any other infectious disease in process of development. Abt states that the etiology of acute non-suppurative encephalitis may be summed up briefly in the words infection and intoxication. He says that there is probably no infectious disease known which has not at some time been reported as being followed by cerebral hemiplegia. All authors, he states, mention trauma as an exciting cause or as having some direct remote relation to this disease. He quotes cases reported in the literature showing the diversity of symptoms.

Digitized by Google

Book Reviews

Kiepe's Materia Medica and Therapeutics. A Manual for Students and Physicians attending post-graduate courses. By Edward J. Kiepe, Professor of Materia Medica in the Department of Pharmacy, and Adjunct-Professor of Materia Medica and Pharmacology in the Medical Department, University of Buffalo. In one 12mo volume of 265 pages. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1906.

This valuable little work is not intended to be a complete text-book, but rather a supplement to the larger and more comprehensive works. In it the drugs are named in alphabetical order. The contents are based almost entirely on the lectures of the author. While all official drugs and preparations are not represented in the work, those which are have been made to conform to the Eighth Decennial revision of the Pharmacopoeia.

Rhythmotherapy, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-Vital Vibration, to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics, with Illustrations. By Samuel S. Wallian, A. M., M. D. Chicago: Ouellette Press, 1906. Price, $1.50; postage, 10 cents.

The author's hobby is mechanical vibration—an excellent adjunct to medical treatment in many diseases—but the reader will wonder if the writer has not overdone his subject. One is inclined to question the good sense of a writer who, in a chapter entitled, "Nature of Matter," which is not on its face, a place for joking, writes as follows: "Given a modicum of dust, itself a resultant of vibratory motion, add an electric thrill, result a cell. A second thrill eventuates in cell propagation, proliferation by spontaneous fission. The single cell becomes two, four, sixty-four, a million, a thousand millions." This book is interesting to beguile an idle hour, and it may be there is wheat in it, but, alas, there is much ex-cathedra chaff, such as that quoted above.

Second Report of the Wellcome Research Laboratories at the Gordon Memorial College, Khartoum. Andrew Balfour, M. D., F. R. C. P., Edin., Director. Department of Education, Sudan Government, Khartoum, 1906.

The first report of these laboratories was issued in the fall of 1904, and it gave an account of the work performed during the first year of the institution's existence, which was down to the end of January, 1904. Judging from the contents of this well prepared and sumptuous volume before us, the record has been one of steady progress. Among the officers of the college there has been a physician whose title was that of Traveling Pathologist and Naturalist. One of the chief reasons for his appointment was the rapid spread of Sleeping Sickness in the northern parts of Uganda, and the proximity of the Sudan to the Nile Province of that country. The writers of this volume have discovered many new blood parasites, many new mosquitoes, biting flies, native drugs, and many other specimens of novel interest. The voluminous report on the cases of trypanosomiasis which were found in the various explorations is especially interesting.

International Clinics. A Quarterly of Illustrated Clinical Lectures and

Digitized by Google

especially prepared original articles on Treatment, Medicine, Surgery, etc. Edited by A. O. J. Kelly, A. M., M. D. Vol. III, 16th Series, 1906. Philadelphia & London: J. B. Lippincott Co.

As the practitioner takes up this volume each quarter, he is fairly embarrassed with the riches it presents. Full indexes assist him in securing from each volume the information, founded on experience, which is the most valuable to him, and the busier he is, the better he can afford to keep in touch with the able men who contribute to these articles. Plates illustrating the text are freely presented, making the work the more valuable.

The Ear and Its Diseases. A Text-Book for Students and Physicians. By Seth Scott Bishop, B.S., M.D., LL.D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octavo, 440 pages. Bound in Extra Cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This book is the result of the writer's experience growing out of his work on "Diseases of the Nose, Throat and Ear." The section, however, on the ear in that work, was so abridged, containing no divisions in the anatomy and physiology of that organ, that this later work was regarded as being called for. This treatise endeavors to divest the subject of unnecessary and confusing verbiage, and offers as simple and interesting a presentation of the essentials as their nature admits. A large number of the illustrations are from preparations and sections made by the writer. The principal features of the work are based upon an experience extending over 25 years.

Diseases of the Digestive System. Edited by Frank Billings, M. D., Professor of Medicine, University of Chicago; Professor of Medicine and Dean of Faculty, Rush Medical College, Chicago, Ill. New York and London: D. Appleton & Co.

This is an authorized translation from Die Deutsche Klinik and the third volume in Modern Clinical Medicine; the first volume, "Infectious Diseases," edited by J. C. Wilson, A. M., M. D., Philadelphia; the second volume, "Diseases of Metabolism and of the Blood, Animal Parasites, Toxicology," edited by Richard C. Cabot, M. D.

This third volume should receive a very warm reception, for today Diseases of the Digestive Tract stand in the forefront of subjects which interest the practitioner and the surgeon. Much that was formerly theoretical in relation to this subject has now become almost absolute knowledge. This volume includes articles from many of the most eminent men of Europe, specialists in internal medicine and in diseases of the digestive tract, such as Rosenheim, Fleiner, Leo, Strauss, Riegel, Ewald, Boas, Hirschfeld, Oser, Minkowski, Stadelmann, Kraus, Neusser, Vierordt, Strasburger, Hoppe-Seyler and Nothnagel. Subjects are treated very fully, and at the same time in a concise and practical manner. Modern methods of examination, including physical and chemical measures, are clearly set forth. The diagnosis of the various diseases is fully discussed, and the treatment, including the dietary, is satisfactorily full and complete. This work will be found a valuable compliment to the two preceding vol-

Digitized by Google

umes. Such names as Wilson, Cabot and Billings as editors give assurance of the worth of this series, which should be in the library of every up-to-date physician.

A Primer of Psychology and Mental Disease. For Use in Training Schools for Attendants and Nurses in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association; of the American Medical Association; Foreign Associate Member Societe Medico-Psychologique of Paris, etc. Third Edition. Thoroughly Revised, with Illustrations. Pages viii-183 12mo. Bound in Extra Vellum Cloth $1.25 net. F. A. Davis Company Publishers, 1914-16 Cherry Street, Philadelphia.

This useful little volume comes with the section on Psychology thoroughly revised, and that on Forms of Disease has been rewritten in accordance with the newer classification of the insanities. In connection with the latter section, the medical treatment of insane conditions is discussed in the hope of increasing the usefulness of the book to the medical student.

Retinoscopy (or shadow test) in the Determination of Refraction at One Meter Distance, with the Plane Mirror. By James Thorington, A. M., M. D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College of Graduates of Medicine, etc. Fifth Edition, Revised and Enlarged. 54 illustrations. Philadelphia: P. Blakiston's Son & Co. 1907.

The first edition of this work was issued ten years ago, and it consisted of an abstract of the author's previous writings and lectures on Retinoscopy, delivered during a winter course on Opthalmology at the Philadelphia Polyclinic. All the subsequent editions were changed, in the light of experience and further investigation, and the fifth edition has been carefully revised in every page, and new instruments, including the Electric Retinoscope, illustrations and descriptions, have been incorporated to bring the work up to date.

The Youth's Companion in 1907.

The Youth's Companion announces among the attractions of its 52 issues in 1907, two hundred practical papers, serviceable to young people who have their way to make in the world, helpful in their insistence on worthy ideals in every relation of life, useful in the home—particularly the regular series, "Till the Doctor Comes."

Two hundred and fifty capital stories —humorous stories, character stories, stories of life on the farm, in the great cities, on the sea, in the wilderness. Among them will be Five Serial Stories by five Companion favorites: Hamlin Garland, Adeline Knapp, Ralph Barbour, Grace Richmond and Holman F. Day. There will be a series, also, based upon incidents in American history, illustrative of life and times in America from the first colonial planting to the close of the Civil War.

One thousand short notes giving concisely, clearly and accurately the important news of the times in public affairs, and in the fields of science and industry.

Three hundred contributors giving assurance that every need and every taste among Companion readers will be satisfied. Governor Folk of Missouri, Edward Everett Hale, Margaret Deland, Col. T. W. Higginson, Com-

Digitized by Google

mander Eva Booth of the Salvation Army, Gen. A. W. Greely and Ion Perdicaris are among them.

Two thousand one-minute stories, anecdotes, bits of humor—sketches which take not more than a minute to read. They are always new, always well told, and in great quest by preachers and after-dinner speakers.

A full announcement of the new volume will be sent with sample copies of the paper to any address on request. The new subscriber for 1907 who sends $1.75 for the new volume at once will receive free all the remaining issues for 1906, including the Double Holiday Numbers; also The Companion's Four-Leaf Hanging Calendar for 1907, lithographed in twelve colors and gold.

Subscribers who get new subscriptions will receive $16,290.00 in cash and many other special awards. Send for information.

THE YOUTH'S COMPANION.

Genito-Urinary Diseases and Syphilis. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 Full-page Colored Plates. Second Edition, Revised and Enlarged. Royal Octavo, 500 pages. Bound in Extra Cloth. Price, $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The rapid progress in certain of the departments of genito-urinary surgery since the publication of the first edition of this volume, has made it necessary to rewrite many chapters and add some new material. Among some of the advances which have been made in the last four years may be mentioned the development and perfection of surgical operations for prostatic hypertrophy, as well as an understanding of its pathological anatomy. The inflammatory affections of the prostate have also been more fully studied, and the knowledge of the surgical diseases of the kidney, in regard to both diagnosis and treatment has been considerably increased. The material contained in the first edition has been carefully and thoroughly revised by the author, and in this publication he has endeavored to present the subjects considered as they are understood at the present time, by the most progressive practitioners.

We do not find articles in the journals telling how the writer employs in all operative procedures Killgerm's "compound antiseptic and tissue vitalizer," but for each step of his work the surgeon employs one or another special agent—one to prepare the instruments, another for the skin, a third for his hands, etc., etc. Simple and well known agencies are alone utilized, things whose powers are sure and single, unerring, never doubtful or variable. What exactness, what precision, what certainty, are required.

Some of us believe that a similar exactness of technic would be a good and desirable thing in the use of internal medicines. We think that such elaborate care and such nicety of application would bring correspondingly precise results. Moreover they believe that this can be accomplished by the observance of a few simple rules:

Know exactly what is the matter with your patient.

Give of the right medicine exactly enough to restore normal conditions, and then stop it.—Editorial, Am. Jour. of Clin. Medicine.

Digitized by Google

Extracts

Consistency.

A short time ago, after the sudden conversion of the editor of the Journal of the American Medical Association, this gentlemen, in his endeavor to kill off the independent medical journals, established the rule that none should be regarded as "ethical" which admitted to its advertising pages any proprietary remedy of which he disapproved. A full list of these tabooed preparations has never, to our knowledge, been published, but several have been mentioned from time to time as especially worthy of condemnation; the Medical Record has been held up to public scorn because it has admitted some of them to its advertising pages, and the physicians of the country have been urged to have nothing to do, either as contributors or subscribers, with any journals in which these preparations are advertised. There is a most readable monthly journal published in Chicago, The Clinical Review, which, like all the independent medical journals of the country, as well as many of the official organs of the state societies, accepts the advertisements of a number of proprietary remedies anathematized by the journal of the Association; in the current issue of the Review we have counted eleven of these preparations, among them the very particular bete noir of the editor of the Association Journal. There is nothing especially worthy of remark in this fact, but what is perhaps peculiar is that the list of collaborators of this "unethical" journal contains the names of several officers of the Association. Among them, to mention only three, we find M. L. Harris, Secretary of the Board of Trustees under whose direction the Journal of the American Medical Association is edited; Frank Billings, Treasurer of the Association and the vociferous foe of all nonpharmacopeial remedies; and William J. Mayo, President of the Association. We have no fault to find with this; the names of these gentlemen and of many others prominent in the Association are printed conspicuously on the front cover of The Clinical Review, and the journal is worthy of their support and approval. But some who do not know the true inwardness of this so-called reform may wonder at the inconsistency of those high in authority and may not be able to understand why one particular journal should be selected for reprobation for doing something which these officials of the Association, with what appears to be cynical indifference, publicly approve and sanction in the case of other journals. We say "other journals" advisedly, for The Clinical Review is not the only periodical, carrying "unethical" advertisements, which is edited and supported by officers of the Association.—Medical Record.

Headache and Eye-Strain.

G. M. Gould, Philadelphia (Journal A. M. A., November 10), claims that a vast majority of all cases of headache, certainly nine-tenths, are due to eye-strain beyond question, and that with or without this headache, a large indefinite proportion of digestive, nervous and psychic disease is due to the same cause. He accuses the ophthalmologists of being in a state of narcotism on this subject, and text-book writers and medical instructors are, he thinks, almost criminally indifferent to the matter. The general practitioner in the country and also in the cities to some extent, is far more alive to the truth than

Digitized by Google

are the specialists. He says it is, of course, beneath the dignity of most neurologists to care about the cure or cause of any disease. He believes that the explanation of all this is the lack of skilled refraction work. Until we establish a serious and scientific refraction school the evil will continue, and where there are few skilful and careful refractionists in the country who would agree in their diagnosis in one case there are 5,000 who would disagree, root and branch. There are, he says, at least 15,000,000 American children and adults afflicted with lateral curvature of the spine, and he attributes this largely to unrecognized ocular defects. To this he attributes largely the growth and success of osteopathy, Eddyism and other quackeries. The home of progressive and helpful medicine, he claims, lies in the general and country practitioners, and until they secure the establishment of at least one serious refraction school with a two or three-year obligatory course of postgraduate study the ophthalmologists will not agree.

Gangosa.

O. J. Mink and N. T. McLean (Journal A. M. A., October 13), describe the disease known as gangosa, a form of ulcerated rhinopharyngitis which seems to be endemic in the Ladrone and Caroline Islands, but has been reported also from some other tropical regions. It has evidently existed there for at least 150 years, is confined to the natives and does not seem to be hereditary or due to diet. The evidence is also against its being a luetic manifestation or a sequel to yaws. The authors' opinion is that it is due to some specific infection, possibly carried by flies or by direct contact, overcrowding, etc. The disease seldom being fatal few chances for autopsy occur, and other than local symptoms and lesions have not been observed. Fordyce says that the lesion is a granuloma of undetermined nature, the histologic picture somewhat resembling tuberculosis. It commences with an ulceration of the pharyngeal mucosa, becoming rapidly progressive and involving sometimes the hard palate, nose, eyes and face. The tongue and muscles of deglutition are spared and hearing is rarely affected. In the quiescent stage, scar tissue remains, but the active stage may continue indefinitely or may be arrested at any time. A fulminating type occurs in young children, usually proving fatal in 48 hours and closely resembling diphtheria. If the patient survives beyond that period the disease follows the usual course. The diagnosis is simple. The sudden onset distinguishes it from lepra and lupus, and the characteristic bacteria are absent. The symptoms differ from syphilis and specific treatment is a failure. The fulminating type is diagnosed from diphtheria by the absence of the Klebs-Loeffler bacillus and the characteristic mutilation. The contagiousness of the disease is evident, and isolation, which was discontinued at the time of the American occupation, has again been made compulsory. In the fulminating type rigid quarantine should be enforced. In the early stages treatment clearly limits the progress of the disease. It is essentially local and aims to destroy the affected area. Tincture of iodin, employed freely, is apparently the best agent, though in some cases the actual cautery may be more effective. Antiseptic mouth washes should also be used and tonic treatment when necessary. As a deoderant, potassium permanganate, 1 per cent. solution, has proved most advantageous. The authors suggest the possible utility of X-ray or light treatment. In the

Digitized by Google

fulminating type the treatment should be symptomatic, combined with thorough local disinfection.

The Open-Air Treatment of Pneumonia.

W. P. Northrup, New York City (Journal A. M. A.), for over eleven years has been using free ventilation and fresh air treatment in pneumonia, and during the last year he has followed the practice of putting the patients in the New York Presbyterian Hospital for six hours a day out on the roof in all weather in which harsh high winds, rain and snow did not prevent. He gives histories of two cases, both serious, and in one of which he thinks the patient could not have recovered under any other treatment. The hospital authorities are so well satisfied of the value of this method that they are making a colossal roof garden on the medical side of the hospital to be an open-air ward for these cases. The patients most favorably affected by open-air treatment are those with severe poisoning, with delirium, partial cyanosis or deep stupor. In Northrup's experience all patients do better in cool fresh air, which can be secured in private practice by screening off a portion of a room by an open window. None have been harmed, in his observation, and some have been greatly benefited and possibly saved by the cold fresh-air treatment. If pneumonia, due to an infecting agent, is thus benefited, the value of the treatment for other infectious diseases is suggested and, in fact, he has tried it in many others, including typhoid fever with severe bronchitis, whooping cough with bronchitis and convulsions, with excellent results. He considers it, in fact, the ideal treatment for septic fevers. The only regulation is to keep the patient comfortable and especially to keep the feet warm.

The Rationale of the Use of Iron in the Treatment of Phthisis.

It is a singular, yet significant, fact that, with the exception of a single disease, there is always a slight diversity of opinion among physicians as to which one of a number of agents exercises the greatest curative influence upon a given disorder.

The one exception in phthisis. The entire profession is united in the conviction that pure air, more than any other one factor, exerts a controlling influence upon the development of phthisical manifestations. Indeed, physicians concur in the opinion that, with the proper quality and quantity of atmosphere, this most widespread and fatal of all human maladies can oftentimes be cured.

While the beneficial influences of climate upon phthisical individuals has long been recognized by the profession, a perfect understanding of the exact manner in which atmosphere arrests the progress of the disease is a comparatively recent acquisition.

The opinion at one time obtained that mountainous and elevated districts were beneficial to phthisical subjects on account of the elevation alone. Recent investigations have disproved this theory. It is now an accepted fact that elevation, per se, is of little or no importance. On the contrary, the seashore is oft-times better adapted to phthisical individuals than regions of a much higher altitude.

While it is true that the higher the altitude, the less prevalent is phthisis, the explanation is that atmospheric impurities are less abundant and ozone is more plenteous in such regions than elsewhere. In other words, it is conceded that the absence of

Digitized by Google

atmospheric impurities and the presence of ozone are the chief elements in the cure of phthisis, and that any section, high or low, which affords these elements is advantageous to the phthisical individual.

The benefit derived by consumptives from living in or near pine forests, is a matter of common observation. The turpentine exhaled from pine trees converts oxygen into ozone, and the atmosphere is thus purified by the process of oxidation.

Having repeatedly proved that the direct inhalation of ozone is of little, if any, benefit, we are forced to the conclusion that it is not ozone which arrests the progress of phthisis, but the systemic oxidation which is brought to the maximum by the inhalation of a perfectly pure atmosphere.

In fine, we are now agreed that if systemic oxidation can, in any manner, be maintained at the proper standard of activity without exhausting the vital forces of the subject, the progress of phthisis can be checked, and very frequently completely cured.

Although the benefits derivable by phthisical individuals from an atmosphere that is conducive to a full measure of systemic oxidation are immeasurably great, the fact remains that it is not always within the power of the physician to induce the patient to move to a region affording such an atmosphere. The patient may, through inability to pursue his vocation, be financially unable to make a change of residence, or he may be influenced by optimism peculiar to phthisical subjects, to postpone the change until the disease has progressed too far.

When, for any reason whatever, it is not possible to change the abode of these subjects, it is within the power of the physician to check the progress of the disease by the augmentation of systemic oxidation.

While all forms of iron increase systemic oxidation by converting the oxygen in the economy into ozone, the mucous surface of the alimentary tract of phthisical subjects is usually too enfeebled to absorb iron unless it is presented in the organo-plastic form. For this reason, Pepto-Mangan (Gude) affords results which cannot possibly be secured from any other preparation of iron.

In addition to promoting oxidation to a surprising degree, Pepto-Mangan (Gude) invigorates the digestive functions and increases the nutritive processes most markedly. The appetite of the patient is improved, the wasting is arrested, and the vital resources are greatly enlarged by the continued employment of the preparation.

Opening for a Young M. D.

The Medical Sentinel knows of an opportunity for a capable, energetic young doctor, to assist in an established practice in a growing town in Oregon. Excellent prospects. A fine opening for the right man. Apply at 606 Marquam Building, Portland, Or.

Surgical Suggestions.

In children, in cases of peritonitis of unknown origin, examine for gonorrheal vulvo-vaginitis.—American Journal of Surgery.

Examine the inguinal regions for hernia in all cases of very tight prepuce, causing difficulty in micturition. —American Journal of Surgery.

There is no class of cases in which a prognosis is so often at variance with the extent of the injury as in cranial injuries. The prognosis in such cases should, therefore, always be guarded.—American Journal of Surgery.

Digitized by Google

Personal

Oregon.

Dr. and Mrs. Jones, of Medford, went to San Francisco last month.

Dr. A. G. Prill, of Scio, was a visitor in Harrisburg last month.

Dr. C. M. Pearce, of Sumpter, was a Baker City visitor recently.

Dr. E. D. Steincamp, of Granite, was a Baker City visitor last month.

Dr. N. G. Blalock, of Walla Walla, was a visitor in Arlington recently.

Dr. F. M. Day, of Eugene, went on a hunt last month with some friends.

Dr. and Mrs. M. O. Stemmler, of Myrtle Point, gave a Halloween party.

Dr. Donnelly, of Fossil, has been figuring on leaving for North Carolina.

Dr. Louis W. Chilton, of Canyon City, has returned from his Eastern visit.

Dr. and Mrs. J. H. Robinett, of Salem, visited friends in Halsey last month.

Dr. G. W. Maston, of Klamath Falls, went East last month, to be gone six weeks.

Dr. Barnes and family, of North Powder, have moved into a new residence.

Dr. Ira Bartle, of Eugene, has a new gasoline marine engine for his river boat.

Dr. W. O. Manion, of Portland, was in Independence last month, looking after a patient there.

Dr. J. A. Fulton, of Astoria, had a pleasant hunt with some friends up the Columbia last month.

Dr. J. A. Applewhite, of Portland, went to Mississippi last month, called there by the death of his father.

Dr. F. B. Eaton, who has been away from Portland, has returned, and has resumed practice in this city.

Dr. W. Gavey, of Condon, and bride have settled in the new home that the Doctor bought some time ago.

Dr. J. M. Hoit, the U. S. quarantine officer, has decided to engage in the practice of medicine at Astoria.

Dr. W. L. Parker, of Baker City, went with some friends on a hunting expedition last month at Nyassa.

Dr. Wylie G. Woodruff, of Portland, has been considering the advisability of putting up a hospital at Rainier.

Dr. G. W. Biggers, of La Grande, has been looking over the ground at Pendleton with the view of locating there.

Dr. F. G. Swedenburg, of Wisconsin, has been looking over the field at Ashland, with a view of locating there.

Dr. and Mrs. J. W. Robinson, of Jacksonville, have gone to California, where they will spend part of the winter.

Dr. Harvey Hickman, of Oregon City, has gone to Drain, where he will be physician for a railroad construction crew.

Dr. Wm. House and family spent a two months' vacation among friends in New York state. They returned to Portland last month.

Dr. G. W. Gregg, of Wallowa, has taken his family to Clarkston, Idaho, where they will spend the winter. The Doctor returned to his practice.

Dr. J. A. Applewhite, of this city, was married on October 10, to Miss Lucia Gillespie, at St. David's church. Dr. and Mrs. Applewhite have taken up their residence at Sunnyside.

Digitized by Google

Dr. P. R. Crosswait and wife, of Mt. Tabor, are still in the East visiting with Mrs. Crosswait's people. They intend to return about April or May.

Dr. C. W. Faull, of Baker City, has definitely decided to locate at Marshfield, and it is said that he will take some Baker City capitalists with him.

Washington.

Dr. B. J. Ellis, of Reardan, has moved to Bend, Or.

Dr. H. M. Greene, of La Cross, has invested in a new auto.

Dr. N. J. Redpath, of Olympia, has invested in a new fast auto.

Dr. Wilson Johnston, of Colfax, has decided to locate in Spokane.

Dr. A. Macrae Smith, of Bellingham, has been buying city property.

Dr. Frank W. Homer, of Spokane, has purchased a farm near Addy.

Dr. M. G. Harrell, of Ellensburg, spent a week in Seattle recently.

Dr. and Mrs. Brobst, of Prescott, were visitors in Dayton last month.

Dr. R. P. Moore and family, of Davenport, recently visited friends in Wilbur.

Dr. Chas. H. Day, of Dayton, has moved into new and commodious offices.

Dr. Robt. L. Keith, of Seattle, was married on the 12th ult. to Mrs. Belle Miller.

Dr. G. E. Chamberlain, of Aberdeen, was nominated for Mayor by the republican club.

Dr. F. H. Luce, of Davenport, has been appointed administrator of the estate of Thos. Scanlon.

Dr. and Mrs. G. W. Ingham, of Olympia, have recently entertained Dr. Jento, of London, an old time friend.

Dr. H. B. Yount, of Coulee City, is taking a post-graduate course at San Francisco. He will remain there during the winter.

Dr. A. E. Stuht, of Colfax, served as secretary of the committee appointed by Governor Mead to investigate certain state institutions.

Dr. Nelson E. Leighton, of Hopkins, Mich., has been looking over the ground at Monroe, and he may locate somewhere on Puget Sound.

Dr. George E. Fell, of North Yakima, recently returned from an extensive trip in the Eastern states. He did considerable talking for Washington while away.

Dr. Wm. Palamountain, of Colfax, went to San Francisco recently, where it was reported he would find a bride, and the honeymoon would be spent in Southern California.

Dr. H. J. Whitney, of Davenport, has just finished planting his 40-acre tract at Cashmere. He now has 3000 apple, 200 cherry, 200 peach and 100 Bartlett pear trees, and his land has increased in value to $1000 per acre.

Dr. H. Josephine Whitney, of Davenport, passed through Portland on the 24th ult. on her way to Arrowhead Hot Springs, in Southern California, where she will remain during the winter taking treatment for rheumatism.

Idaho.

Dr. J. W. Givens, of Oro Fino, was in Lewiston last month.

Digitized by Google

Dr. J. N. Alley, of Lapwai, was a Lewiston visitor last month.

Dr. J. M. Wheate, who is now in Yellowstone Park, acting as army surgeon, intends to locate at Boise next spring.

Dr. H. Schmalhausen, of Harrison, recently visited Virginia City, Mont., where he formerly resided. The doctor will spend the winter in the South.

Montana.

Dr. G. H. Barbour, of Helena, has dipped into politics to the extent of running on the republican ticket for the legislature.

Dr. Chas. C. Wallin, of White Sulphur Springs, who went East about a month ago on business and pleasure combined, is expected back about the middle of December.

OBITUARY.

E. R. Lang.

Dr. E. R. Lang, formerly a practicing physician at Cove, Or., died at the hospital at Walla Walla on the 4th ult. The doctor was 68 years of age, and spent some time in Portland last winter, treating his old enemy, rheumatism. The body was brought to Portland and cremated.

Leopold De Rudder.

Dr. Leopold De Rudder, who died near Marcus, Wash., on November 1st, was a picturesque figure, and one who had seen much of life. He was a pioneer of the county. He was a native of Belgium, was educated in Brussels and Paris, and saw service in the French army in Algiers when a young man. He was a surgeon on the staff of Gen. Santa Ana in the Mexican war with the United States, and saw the execution of Maximilian, with whom he came to the western continent. In 1860 he entered the service of the U. S. Army as surgeon, and came to Colville, Wash., as an army surgeon. When Fort Colville was abandoned in 1883 he took up a homestead near that town, and made his home there for many years.

Dr. Charles H. Lee.

The death occurred on the 13th November, at Corvallis, of Dr. Charles H. Lee, who for years had been a familiar figure in Benton County, Or. The doctor had been ill only two days, with heart disease. Dr. Lee was born in Ohio, in 1850, and graduated in 1874 at the Miami Medical College, Cincinnati. In 1884 he left Ohio and came to Corvallis. In 1886 he located at Newport, but in 1888 he returned to Corvallis, where he resided to the time of his death. He leaves a widow and a large circle of friends.

J. W. Howard.

On October 20th a pioneer physician died in the person of Dr. J. W. Howard, of Missoula. His death took place at the hospital at Great Falls. The doctor had gone to Great Falls about two months before for treatment, and while there he suffered from a stroke of apoplexy which resulted in his death. Dr. Howard was 53 years old, and had been a resident of Montana for twenty years. He came to Oregon when a lad, and spent some time in this state teaching school, and worked his way through college, where he studied medicine. He commenced the practice of medicine in Oregon, and in 1887 went to Dillon, Mont. He moved, later, to Butte, Bozeman, Hamilton, and finally to Missoula. He leaves a widow and seven children.

Digitized by Google

The Medical Sentinel

$1.00 PER YEAR

·MONTHLY·

By
·HENRY WALDO COE·M·D·
MARQUAM BL'D'G.
PORTLAND, ORE.

VOLUME XIV **FEBRUARY 1906** NUMBER 2

BOSTON MEDICAL LIBRARY
MAR 1906

EDITORIALS

The Official Society *Medical Clubs* *A Futile Appeal*
An Unfortunate Mixup

ORIGINAL ARTICLES

Modern Technique in Prostatectomy - - David H. Rand, M. D.
Diagnosis and Localization of Brain Tumor William House, M. D.
Pre-Tubercular Signs and Symptoms - - - J. N. Alley, M. D.

Hydrozone

Which yields thirty times its volume of "nascent oxygen" near to the condition of "ozone," is daily proving to physicians, in some new way, its wonderful efficacy in *stubborn cases* of ***Eczema, Psoriasis, Salt Rheum, Itch. Barber's Itch, Erysipelas, Ivy Poisoning, Ringworm, Herpes Zoster or Zona, etc. Acne, Pimples on Face*** are cleared up and the pores healed by **HYDROZONE** and **GLYCOZONE** in a way that is magical. Try this treatment; results will please you.

Full method of treatment in my book, "The Therapeutical Applications of Hydrozone and Glycozone"; Seventeenth Edition, 332 pages. Sent free to physicians on request.

Prepared only by
Charles Marchand
Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)
57-59 Prince Street, New York

Digitized by Google

IN THE TREATMENT OF

Cystitis — Urethritis

Pyelitis — Prostatitis

Uriform

Arrests infection—sterilizes the urine—and exerts an anticatarrhal effect upon the inflamed mucous membrane of the urinary tract.

Schieffelin & Co., New York

FOR THE SKIN AND MUCOUS MEMBRANES
Ungt. Aseptinol Comp.
Indicated in acute and chronic cutaneous diseases, as Eczema, Erythema, Herpes, Acne, Burns, Scalds, Pruritus Vulvæ, Pruritus Ani, Itching and Bleeding Hemorroids, Erysipelas, Varicose Ulcers, Infantile Scalp Diseases, etc. It is a preventive of pitting in Small-pox and is effectual in Rhus poisoning.
Put up in 2-oz. and 5-oz. Jars.
PRICE.. 50c. and $1.00
Aseptinol
Pulv. Aseptinol Comp.
Antiseptic, Deodorant, Astringent, Soothing, Healing. Efficacious in Leucorrhea, Pruritus Vulvæ, Vaginal Catarrh, Ulcerations of the Mucous Membrane and in Abnormal Discharges. Valuable as a gargle in Tonsillitis and other Throat Affections.
Put up in Quarter-Pound Boxes.
PRICE . . 50 cents
PHYSICIANS ARE REQUESTED TO WRITE FOR SAMPLES WHICH WILL BE SENT PREPAID
ASEPTINOL MANUFACTURING COMPANY.
BALTIMORE, MARYLAND.

The Medical Sentinel

$1.00 PER YEAR

·MONTHLY·

By
·HENRY WALDO COE·M.D·
MARQUAM BL'D'G.
PORTLAND, ORE.

BOSTON MEDICAL LIBRARY
APR 26 1906

VOLUME XIV MARCH 1906 NUMBER 8

EDITORIALS

Reciprocity Still Discussed *Dreams That Pass By*
Euthanasia

ORIGINAL ARTICLES

Notes on the Social Aspect of Dermatology - - A. Tilzer, M. D.
Malaria and the Kidney - - - - - - Ira B. Bartle, M. D.
The Eyes of School Children - - - - - Adolph Blitz, M. D.
The Climate of the Pacific Northwest and Its Influence on Nervous and Mental Diseases William House, M. D.

Glycozone

Is daily making converts among physicians for its wonderful work in

INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY CANAL.

It is the rational treatment in Gastric and Intestinal Disorders, such as Dyspepsia, Gastritis, Gastric Ulcer and all Contagious and Inflammatory Diseases of the Stomach and Intestines.

Full particulars with clinical reports on cases—in my book: "The Therapeutical Applications of Hydrozone and Glycozone" (Seventeenth Edition, 33 pages). Sent free to physicians on request.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

37-39 Prince Street, New York

Digitized by Google

ANNOUNCEMENT

Refined and Concentrated
Diphtheria Antitoxin

The recent discovery (after years of research in the various laboratories throughout the world) of a practical method for concentrating and refining Diphtheria Antitoxin, has appealed so strongly to Ernst J. Lederle, Ph. D., Ex-Commissioner of Health of New York City, that he has been persuaded to produce Antitoxin after this method, and we are pleased to announce that we have associated ourselves with the Lederle Antitoxin Laboratories as selling agents for this product.

Briefly, the advantages of Diphtheria Antitoxin in concentrated and refined form over the ordinary antitoxin at present on the market are:

First.—A reduction in both the percentage and severity of rashes following the employment of Antitoxin, the deleterious substances (serum albumens, globulins insoluble in sodium chloride solution and nucleo proteids) in the serum being eliminated by the process of purification and concentration.

Second.—An Antitoxin of double the potency formerly practicable, admitting of the administration of much larger doses in about one-half the bulk heretofore employed.

Third.—The possibility of uniformity of strength of the Antitoxin in the varous doses, the definite strength per cubic centimeter being indicated on each package.

The high character of Dr. Lederle and the scientists associated with him in the Lederle Antitoxin Laboratories fully warrants our unqualified endorsement of this product and we feel will as well assure the medical profession generally of its undoubted merit.

We earnestly solicit your specification of Lederle's refined and concentrated antitoxin and we invite inquiry concerning the technique employed in its production.

SCHIEFFELIN & COMPANY

Selling Agents for the
LEDERLE ANTITOXIN LABORATORIES

New York

BELMONT SCHOOL

(for boys)

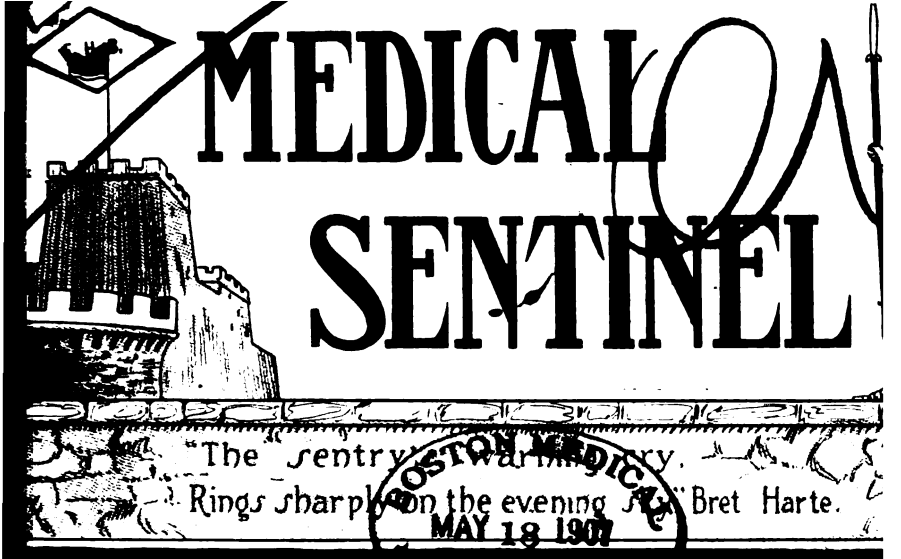
Belmont, California

near San Francisco, has never since it opened been without representation at Harvard and the University of California, and at Stanford since that University opened. It sends boys to Yale, the Massachusetts Institute of Technology, and to other Colleges and Schools of Science. Beginning with August, 1906, the teaching force will be sufficiently strengthened to make possible a still more careful classification of pupils according to ability and attainments. Keeping horses, begun as an experiment this year, will be continued under the direction of a teacher, if a sufficient number of parents wish it. There is nowhere a more beautiful place than Belmont, nor a more healthful and stimulating climate. The next term begins August 15, 1906. For catalogue and books of views, address

W. T. REID, A. M. (Harvard)
Head Master

W. T. REID, Jr., A. M.. (Harvard)
[on leave of absence]
Asst. Head Master

Digitized by Google



EDITORIALS:

The Healthy Northwest ∂ "Accurate Information" ∂ Prevention of Disease In the Army ∂ Are There Too Many Doctors

ORIGINAL ARTICLES:

Medical Advancement
Henry Waldo Coe

Phthisis Pulmonalis
E. F. Maginn

Chronic Dyspepsia
L. P. McCalla

Medical Education
Geo. F. Wilson

Oregon State Medical Association

Digitized by Google

Lederle's
Refined and Concentrated
Diphtheria Antitoxin

SUPPLIED IN STERILE SYRINGE.

A product freed from the greater portion of the proteids or deleterious substances, in consequence of which the percentage and severity of rashes have been greatly reduced.

An antitoxin of double the potency of the ordinary antitoxic serum, admitting of a corresponding reduction in volume of the dosage heretofore employed.

PREPARED COMMERCIALLY ONLY BY THE
LEDERLE ANTITOXIN LABORATORIES
AS DIRECTED BY ROBERT B. GIBSON, ORIGINATOR OF THE METHOD

Schieffelin & Co.
SELLING AGENTS

LITERATURE UPON REQUEST

Ordinary Antitoxic Serum 3000 Units

Lederle Concentrated Antitoxin 3000 Units

BELMONT SCHOOL

(for boys)

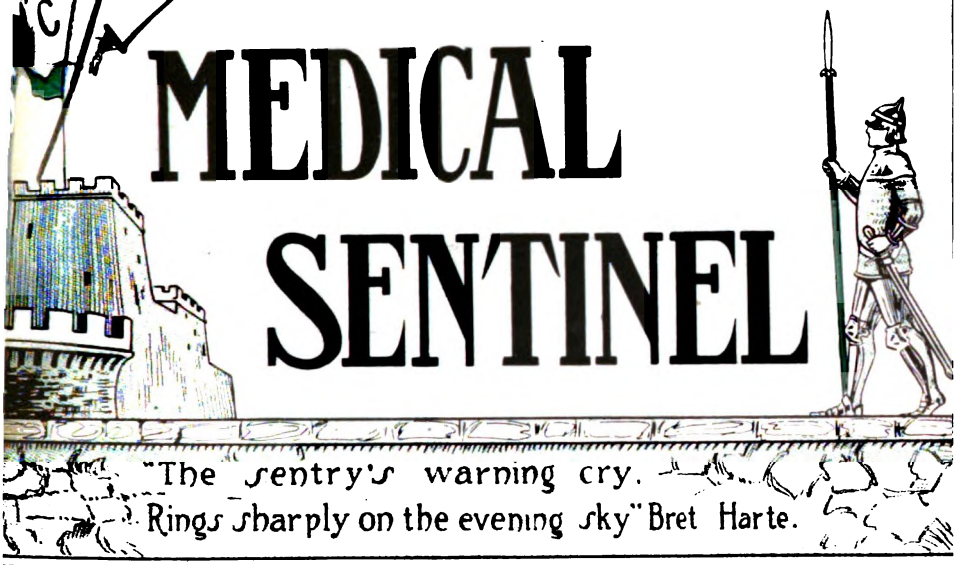
Belmont, California

near San Francisco, has never since it opened been without representation at Harvard and the University of California, and at Stanford since that University opened. It sends boys to Yale, the Massachusetts Institute of Technology, and to other Colleges and Schools of Science. Beginning with August, 1906, the teaching force will be sufficiently strengthened to make possible a still more careful classification of pupils according to ability and attainments. Keeping horses, begun as an experiment this year, will be continued under the direction of a teacher, if a sufficient number of parents wish it. There is nowhere a more beautiful place than Belmont, nor a more healthful and stimulating climate. The next term begins August 15, 1906. For catalogue and books of views, address

W. T. REID, A. M. (Harvard)
Head Master
W. T. REID, Jr., A. M., (Harvard)
(on leave of absence)
Asst. Head Master

Digitized by Google

MEDICAL SENTINEL



"The sentry's warning cry.
Rings sharply on the evening sky" Bret Harte.

Digitized by Google

Lederle's
Refined and Concentrated
Diphtheria Antitoxin

SUPPLIED IN STERILE SYRINGE.

A product freed from the greater portion of the proteids or deleterious substances, in consequence of which the percentage and severity of rashes have been greatly reduced.

An antitoxin of double the potency of the ordinary antitoxic serum, admitting of a corresponding reduction in volume of the dosage heretofore employed.

PREPARED COMMERCIALLY ONLY BY THE
LEDERLE ANTITOXIN LABORATORIES
AS DIRECTED BY ROBERT B. GIBSON, ORIGINATOR OF THE METHOD

Schieffelin & Co.
SELLING AGENTS
NEW YORK.

Ordinary Antitoxic Serum 3000 Units

LITERATURE UPON REQUEST

Lederle's Concentrate Antitoxin 3000 Units

To aid the kidney in its work of eliminating the poisons from the blood is the action of

NEPHRITIN

The vital substance or grains of segregation of the cells of the cortex of the kidney and its convoluted tubules.

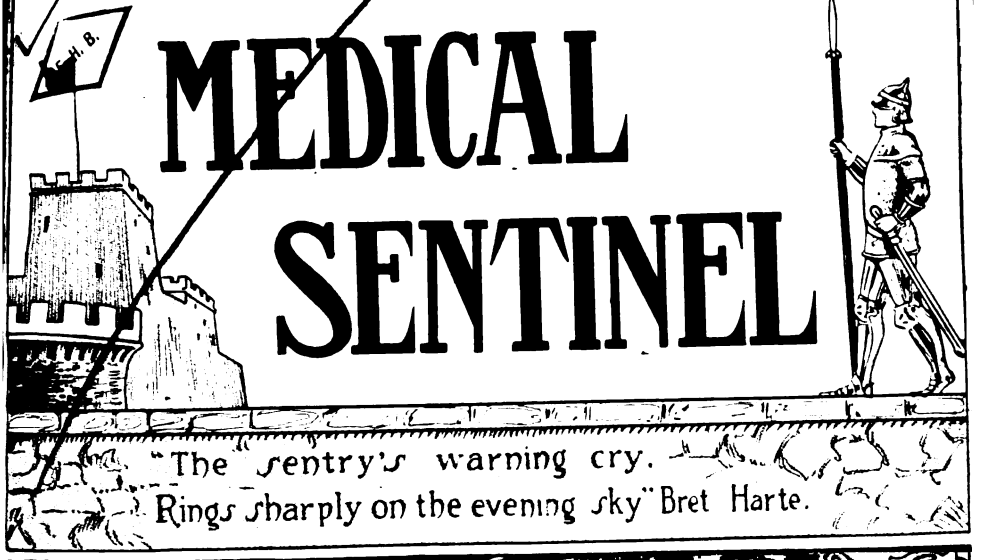
Should be tried in every case of Bright's and other forms of Nephritis.

Contains none of the renal connective tissue and is not a dried extract or desiccated kidney, but a true physiological product, consequently can be used in every case without injury.

Translation of Renaut's remarkable scientific article on the renal function is now ready and will be sent with samples of Nephritin upon request.

REED & CARNRICK,
42-44-46 Germania Avenue, Jersey City, N. J.

Digitized by Google



Digitized by Google

ed at Portland, Ore. Henry Waldo Coe, M.D., Edit

Lederle's
Refined and Concentrated
Diphtheria Antitoxin

SUPPLIED IN STERILE SYRINGE.

A product freed from the greater portion of the proteids or deleterious substances, in consequence of which the percentage and severity of rashes have been greatly reduced.

An antitoxin of double the potency of the ordinary antitoxic serum, admitting of a corresponding reduction in volume of the dosage heretofore employed.

PREPARED COMMERCIALLY ONLY BY THE
LEDERLE ANTITOXIN LABORATORIES,
AS DIRECTED BY ROBERT B. GIBSON, ORIGINATOR OF THE METHOD.

Schieffelin & Co.
SELLING AGENTS
NEW YORK.

Ordinary Antitoxic Serum 3000 Units

LITERATURE UPON REQUEST

Lederle's Concentrated Antitoxin 3000 Units

When you desire cell nourishment in Typhoid and other fevers, you should try

TROPHONINE

(*Sat. sol. nucleo (proteid et albumen cum enzymes*) *R. & C.*)

It differs from the ordinary liquid foods, for it is a saturated solution of the nucleo-albumins and nucle-proteids, the highest and most assimilable form of nutriment. Dispensed in a menstruum of pancreatized gluten and peptone and contains only 13.6 per cent. alcohol by weight to preserve the organic matter, so should be given in wine when stimulation is necessary.

Send for samples and prove its clinical worth.

REED & CARNRICK,
42-44-46 Germania Avenue, Jersey City, N. J.

Digitized by Google

Digitized by Google

Digitized by Google